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The effects of gender on the supervisory process.

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THE EFFECTS OF GENDER ON THE SUPERVISORY PROCESS

A Dissertation Presented

by

CHARLEEN ALDERFER

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

February 1991

School of Education

Charleen Alderfer

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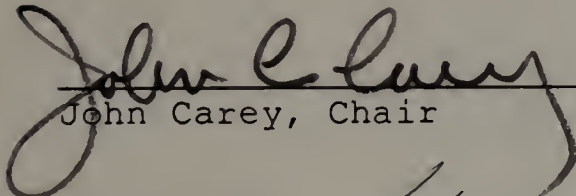
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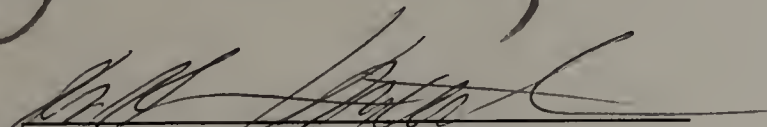
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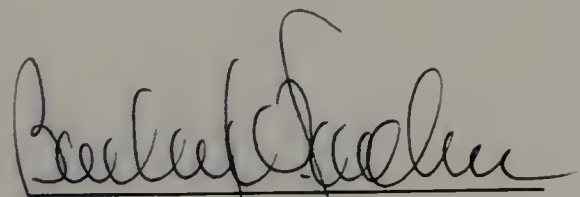
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This process of earning a doctoral degree is not the result of one moment in time, but rather the culmination of the effects of many people on my growth and development. As a family therapist, I begin with the intergenerational influences, those who preceded me and move to the present.

To my parents, I am grateful. The first woman who guided my learning is my mother who still has an impact on my life. She has been supportive of all of my undertakings including and especially this one. Even when our views differed her caring for me has not wavered. My father, who is no longer living, would be tremendously proud of this work. From his gentle way of being, I learned about patience and acceptance of differences. My sister has helped in ways that would surprise her to know.

Professionally, there have been many important people in my life whose encouragement brings me to this point in time. Nursing school taught me about the servitude of women, but also about their humanity. The person who most influenced my change in professional careers was Barbara Lynch. She continues to be a strong and important source of strength and support in my life.

As I began my doctoral work, I was uncertain and tentative. Janine Roberts was always available to talk me through those times of difficulty and let me know she thought I could do it. She directed me to my chairman, Jay Carey,

who is a most responsive and encouraging faculty member. His help has been very valuable. I thank my other committee members, Bill Matthews and Pat Griffin, for reading, commenting and seeing me through.

There were many students who enthusiastically participated in the development of the instrument used in this study. I am most appreciative of their input, their humor, and their tolerance. I hope that they learned and derived some benefits from being a part of the work.

My present family is a great source of satisfaction and joy to me. Our children, Kate and Ben, have been relatively uncomplaining about my absences. Their being here has been important as has their not being here at the appropriate times. The benefit is that they learned that their Dad can be a good "Mom". I am deeply appreciative of the constant support of my husband, Clayton. He not only fulfilled his role as Dad, but as husband too. He offered many suggestions for the work and was a thoughtful reader and critic of this dissertation. I am grateful for all of his contributions and his caring.

For everyone else, and you know who you are, I thank you.

ABSTRACT

THE EFFECTS OF GENDER ON THE SUPERVISORY PROCESS

FEBRUARY, 1991

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The purpose of this study was to learn the effects of gender similarity and gender differences, as perceived by supervisees, on the supervisory process. Because there was no instrument available for gathering data in this area, the Supervision Inventory for Family Therapy (SIFFT) was developed. This organic instrument was constructed from ideas in the literature, conversations with therapists, and papers on supervision from students. It was distributed to a sample of 200 therapists who were in the role of supervisees. Statistical analyses were performed on data from the 102 returned instruments. A factor analysis determined three scales which became the dependent variables. Analysis of variance determined significant statistical findings on one scale. However, the reliability was very high, .96 and .93 on two scales, and .70 on the third scale. Therefore, the findings on all scales were also considered with the belief that a larger sample would increase the probability of

more powerful statistical findings. The significant finding was different than expected in that male supervisors were seen to have less control of the supervisory process than did female supervisors. There are unanalyzed data which will provide more information on interaction between supervisors and supervisees. Future research on gender and supervision might include behavioral observation and adaptation to non-mental health supervisory relationships.

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Sometimes the more
measurable drives out the
most import:
René Dubois

CHAPTER 1

INTRODUCTION

Statement of Purpose

The purposes of this dissertation are to explore the effects of gender on the supervisory process and to determine which supervision pairs are most effective. The results of these findings will go beyond the relationship between the supervisor and the supervisee, and extend to the client system. There are many gender mixes possible in the client, therapist, supervisor system and each mix carries different nuances in regard to recognizing the effect of gender on that system.

This research will focus on same gender as well as different gender issues and their implications for supervision. Gender issues often seem to be only feminist concerns, because it is mainly women who express dissatisfaction with the current gender arrangements. However, gender issues apply to men in relation to each other and in relation to women. Men, in helping relationships with each other, have received comparatively little conscious attention. Same gender relationships are as important in supervision as are cross gender relationships.

The outcome of a thorough exploration of gender in the context of supervisor models will yield information relevant to the development of a model for gender awareness in supervision. The goal of such a model is to increase the understanding of the effects of gender differences and

sameness and to learn how to deal with the effects on both the supervisory relationship and the client system.

Necessity of the Research

My own biases, both conscious and unconscious, will influence the direction of this work. They also influence my supervisory behavior. Every supervisor, male or female, is influenced by their own gender orientation and gender group. When these biases are out of awareness, the supervisory experience is more likely to be skewed in the direction of the bias. I adhere to a philosophy of supervision that neither denies nor exploits relationships between people of the same gender or between people of different gender. However, this is rarely the case. The following supervision scenarios are just a few examples of my observations of gender bias.

The first example deals with a team that is gender balanced, but the males have the major influence on the client couple. The second example demonstrates the problem of no males on a therapy team that is working with a potentially violent couple. In these two situations, the client system is directly affected by the gender issues of the team. The third example deals with gender issues among team members in relation to the supervisor. In this case, the client system is the indirect recipient of the results of the team's avoidance of the discussion of gender.

Scenario #1 A team of six people is seated behind a one-way mirror. In the therapy room is a couple with a male

the client system is the indirect recipient of the results of the team's avoidance of the discussion of gender.

Scenario #1 A team of six people is seated behind a one-way mirror. In the therapy room is a couple with a male therapist. The team consists of three females and two male trainees. The supervisor is a male who has agreed to have me observe the session. After a few minutes, I am aware of feeling uneasy, then I find myself feeling restless. Finally, I feel disturbed enough to want to leave the room. I am not sure what is happening. The couple is talking in generalities with no overt signs of stress. The therapist is working in the structural model (Minuchin, 1974) and is appropriately joining and accommodating. I move my attention from the therapy room to the observation room and become aware of a structural dynamic among the observers. The male supervisor is seated by the microphone, his voice connecting him to the male therapist's "bug-in-the-ear" (Byng-Hall, 1982). Next to him are the two male trainees; then there is an empty chair. The three female trainees are clustered just beyond that empty space. I am behind the team in a corner of the room. As the entire tableau comes together for me, my restlessness and feelings of disturbance begin to make sense.

Everyone having an impact on the woman in the therapy room is male. The female trainees, who could have input that might offer differing opinions based on gender, are removed from the supervisor and he is not asking for their views. There is no spoken agreement that acknowledges the woman as

"the problem", but there seems to be unconscious consent to that effect by the total therapeutic system. She is sitting further away from the therapist than is her husband. In the context of joining, she is being questioned by the therapist. She sits on the edge of her chair answering the questions.

Therapist : Do you work?

Woman : Yes, I do office work - days. I can be home for the kids then.

T : How many children do you have - two?

W : Yes, a boy and a girl - in grade school.

T : So they keep you busy, I guess.

W : They do, especially Bobby.

T : Is that because he's older or because he's a boy?

W : Both, I think.

This kind of dialogue continues with no clear evidence that connection or joining is occurring. The therapist turns to the male. They begin an easy kind of conversation. The man sits in a relaxed manner, slouched casually in his chair talking with the therapist.

Therapist : What do you do?

Man : I work in sales at XYZ store. Mainly I sell computers.

T : Oh, do you like doing that?

M : I do. I never thought that I'd enjoy the computers, but I really do. I've

always been in sales and mostly I like dealing with people.

T : Yeah, it can be difficult at times. I like computers myself. What kind do you sell?

Already, there is a difference in the quality of the exchange between the therapist and the man as opposed to the exchange between the therapist and the woman. He makes a connection with the man by showing an interest in what he does. With the woman, her job is not explored, but her function as a mother is made focal. The therapist does not seem to show any true interest in her work nor her parenting. Behind the one-way mirror, the male trainees exchange ideas with the supervisor; the female trainees move closer together. The behavior behind the mirror reflects the behavior in front of it. Parallel process is being enacted (Doehrmann, 1976; Haley, 1980; Hart, 1982).

The dynamics of the entire system could have been altered by the use of a female in either the therapist's or supervisor's place. This change would have provided a female point of view and a connection for the women client to the therapeutic part of the system. Even therapists and supervisors who operate from a systemic theory are not immune to the effects of gender. They are easily lulled into aligning with their own gender group especially if the therapeutic system is heavily weighted by one gender. In this example, simply having the female trainees sitting

nearer to the supervisor could have provided them the opportunity for input and might have altered the dynamics of the system.

Scenario #2 A female social worker has brought a woman and her three children - a teenage girl, a twelve and an eleven year old boy - to the clinic. The children are stealing and generally beyond their mother's control. Their parents have been divorced for three years and they see their father on weekends. He now wants custody. The mother and the children were seen in the first session by a female therapist with a female supervisor and with the female social worker observing. The decision was made that the father and mother must be seen together in order to work out the differences that were affecting the children's behavior.

Before he even came to the session, the father was set up to be the bad guy. This was partially due to the mother's negative perceptions and partially due to the social worker's report. As I sat with the team, I realized we were four females, the social worker, and a female therapist. Based on our observations, we were agreeing that the father was a serious problem, and the mother, despite her difficulties as a parent, definitely deserved the children.

There is no way that this team could make a sound assessment without either a male opinion or an awareness of the influence of gender in this setting. The father was overwhelmingly outnumbered by women in this therapeutic system. None of us spoke out on his behalf. While each of

us expressed an understanding of his dilemma, none of us had a history of maleness that might put his actions in a different frame. We were not able to behave empathically in this female dominated system. The presence of a male on the team could have changed the way in which women spoke about the father's situation and could have provided a different and empathic view of the problem. The team and the therapist colluded and built their perceptions of the father with no different voice or view. Adding even one male to the team could change these dynamics if the female supervisor included him in the team discussions by soliciting and seriously considering his input.

Scenario #3 The team, which consists of a female therapist, three female students, one male student, and a male supervisor, is discussing a family in which the problem is abuse of the children. However, there is a suspicion of abuse between the parents as well. This was not stated in the session, but the use of abusive language and innuendos toward each other indicate that this is a reasonable hypothesis.

The supervisor makes some light comments about abuse, most likely meant to ease the emotional heaviness that pervades the group. The male student picks up on the comments and attempts to escalate the affect by making disparaging remarks about the "whining wife" and saying that he felt like hitting her. This is not necessarily a statement to dismiss as being insensitive, but rather it

might be used to gain some sense of how both the wife and husband feel in the situation that is their life. It is a good example of therapist's use of self (Simon, 1985) and of parallel process (Doerhman, 1976; Haley, 1980; Hart, 1982). The team member is expressing mildly abusive verbalizations in the team meeting. Instead of exploring these reactions, the supervisor nods in agreement with the male student. The women in the group smile and quietly appear somewhat embarrassed.

The female therapist begins to speak in defense of the wife, but finds herself very much alone. Even though she was in the room with the family and experienced some of the husband's alternating withdrawal and tyranny, the team does not seem to hear her. The supervisor gives her a "yes, but..." answer and the male student smiles. The other women agree with the supervisor and manage to co-opt the dissenter into silence if not into agreement. The power of the role of the supervisor and the effect of his gender are difficult to separate from this incident.

The structure and dynamics that allow this kind of behavior to occur have to do with both hierarchy and gender. The male supervisor is in charge of the group which is working in a structural model of both therapy and supervision (Liddle and Saba, 1983). Therefore the team is functioning in a more hierarchical than a collaborative model (Roberts, 1983 B). The setting is an educational facility where the supervisor is also a faculty member, a role that carries its

own set of expectations and preconceptions. In such a setting, team members may be anxious to impress the supervisor with their knowledge and experience and, at the same time, try to avoid being too divergent in their views lest their academic standing be effected. It takes work on the part of a supervisor to encourage opinions different than her or his own and to assure students that those differences will not have a negative effect on their academic standing. Even the most ethical faculty member struggles with such divergence at one time or another. Adding the factor of gender complicates the issue even further. In this example, the male student feels free to express a view similar to that of the supervisor and then appears to be rewarded for that view rather than being asked to explore it for greater learning. Even if the female students disagree, they may fear speaking their views after having seen the male's perception so easily accepted without further exploration. When the one woman who was in the room with the family and presumably has the best data does speak, she is silenced by the team in which her gender group is the majority.

There are many explanations for the behavior of this team. Perhaps the group needed the approval of the supervisor irrespective of gender. The supervisor may have liked being in control of a group composed mainly of women. The women may have been in competition for his attention. The parallel processes may have been so strong that the cycle of abuse was set in action within the team. These are only a

few of the possible reasons for the team's behavior. Such a complex set of dynamics is only heightened by the unexplored factor of gender.

A more gender aware supervisor might have realized what was happening and encouraged further discussion about the case as well as about the team's process. Inviting input from the opposite gender group would have been an explicit way for the supervisor to show his commitment to hearing differing views about the same family. If the team had been predominantly male, another set of dynamics would surely have existed. If the supervisor of this team had been female, perhaps the male client's experience would have been invalidated. Whatever the gender composition, a supervisor unaware of gender dynamics complicates the supervisory process for the supervisees as well as affecting the treatment of the client system.

These scenarios are likely to have a familiar ring to all of us who supervise or who have been supervised. At the present time, there is little attention given to these issues in supervision and we are just beginning to attend to them in the therapy process. However, in the training process, all therapists experience supervision and many eventually supervise others. It is important, then, to understand how gender issues influence the supervisory relationship. An understanding of these dynamics can lead to the development of a model for behavioral training.

This research will enhance the understanding of gender in supervision, and consistent with the findings, will propose future research for learning more about the effect of gender on supervision.

CHAPTER 2

THE SUPERVISORY SYSTEM

Introduction

Before considering gender as a component of supervision, the contextual frame needs to be established. The first goal is to devise a working definition of supervision and the supervisory relationship as they pertain to this research. A second goal is to formulate developmental stages of supervision as they may affect gendered interactions. The third goal is to place the generic components of supervision into three specific models - Family of Origin, Structural, and Strategic (Haley-Madanes) models. A final goal of this section is to understand the place of the client/family in the supervisory system.

Components of a Definition of Supervision

There are as many definitions of supervision as there are models of therapy and within each of those models, there are individual interpretations of how to supervise. The literature gives much support to the modality of supervision closely paralleling the supervisor's modality of therapy (Andolph and Menghi, 1982; Bruch, 1974; Haley, 1980; Liddle and Saba, 1983). The isomorphic nature of therapy and supervision is explored in great detail by Liddle and Saba (1983). Their definition would include "the ways one's theory of therapy is represented (through our premises and procedures) in one's theory of training" (1983). Supervision

is most likely to be conducted in a modality consistent with the model of therapy espoused by the supervisor. This concept is a relevant aspect of a definition of supervision.

A second component, work on family of origin, has received the most consistent attention throughout the short history of family therapy supervision. Murray Bowen (1978) has been the leading advocate of family of origin work in therapy as well as in supervision. Others have followed his lead resulting in the most generally agreed upon component of supervision: Supervisees should do extensive and continual work on their family of origin. A notable exception to this view is taken by Munson (1986). He believes there are hazards to the supervisee in mandatory and extensive explorations of family of origin. His major objection is that supervisees are expected to do family of origin work that is not related by the supervisor to the therapeutic process. Nonetheless, family of origin work is the most frequently practiced modality within the context of the supervisor-supervisee relationship and often in the presence of a group. It is essential that the supervisor's training has included this kind of personal work. In working with families of origin, the supervisor can begin to understand the gender issues of supervisees.

A third component is the quality and nature of the relationship between the supervisor and the supervisee. "The supervisor's task is not to help the therapist 'solve' his family problems, but to teach him to be aware of, and to cope

with, the secret presence of his own family in the treatment room. Relationship issues of dependence/autonomy, submission/dominance, distance/intimacy exist between the supervisor and supervisee" (Ferber, Mendelsohn, and Napier, 1972, (441)). This statement is indicative of the connection between the second and third components - family of origin and the supervisor-supervisee relationship. The views of the nature of the supervisory relationship run on a continuum. There are those, particularly from the family of origin model, who place great emphasis on the quality of the relationship almost to the exclusion of teaching skills (Bowen, 1978; Guerin and Fogarty, 1972). Others, particularly Jay Haley (1976) seem to place little emphasis on the relationship and pay a great deal more attention to the transmission of skills. This lack of attention to relationship development is expressed more often by supervisees, usually with some dissatisfaction, than by supervisors (Gershenson and Cohen, 1978; Blackmore, 1985). There is an optimal area of focus on the relationship and is apt to be best worked out to the mutual satisfaction of the supervisor and supervisee or supervision group. The opportunity does exist for the changing quality of the relationship to be raised as an issue throughout the supervisory contract.

The fourth component is the teaching of clinical and therapeutic skills. Liddle and Saba (1982) state that "Trainers can be aided by a cognizance of the conceptual and

pragmatic transferability of the constructs from the therapeutic to the training/teaching domain" (p. 62). This speaks implicitly to the area of skill development and the imparting of knowledge. The supervisor whose model of therapy is pragmatic is likely to focus more on skill development than on relationship. However, many supervisees arrive in training programs and on supervisor's doorsteps with some basic skills. There seems to be a need, developmentally, for focusing on the skill development in the early phases of supervision and on relationship issues in the later phases. Yet, agreement on relationship issues and, most especially, on their discussability must be formulated on the early phases.

Because the beginning phases of a relationship tend to be predictors of the future, gender issues are likely to have major impact on the contract setting stage. There needs to be openness on the part of the supervisor for discussions of those issues without punitive reactions. At a time when gender is likely to be a major unexpressed concern, it may be difficult for the process to allow its discussion in the contractual phase.

A final element that seems to be present in all family therapy supervisory paradigms is the "meta" nature of supervision. Supervision as a metatherapy is illustrated by Abroms (1977), "...Supervision is a relationship between a supervisor and a therapeutic relationship: Its aim is metatherapeutic: to promote beneficial changes in the

therapist-client relationship" (p. 83). The supervisor works with the supervisee in a realm other than the therapist-client system, but will have direct influence on that system. This, again, is an area where a lack of gender awareness can disrupt the therapeutic system.

All of the preceding considerations contribute to a comprehensive, applied definition of supervision in family therapy. The working definition for the purposes of this research is as follows.

Supervision is a metatherapeutic relationship between a supervisor and a supervisee or a supervisory team, practiced within the context of a contractual agreement. It is isomorphic to the model(s) of therapy held by the supervisor. Included in the supervisory relationship are the personal and professional growth of both the supervisor and the supervisee. Inherent in the process is the refinement of the knowledge of family dynamics and the acquisition and expansion of the skills of the model(s) of choice. To differing degrees, intergenerational study of the supervisee's own family is found in most supervision.

Developmental Stages

A recent focus in the supervision of family therapy and psychotherapy is the developmental aspect of the supervisory system. A supervisee who is in the beginning phases of supervision has very different needs than one who is at a later phase of supervision. This encompasses not only the skill area, but the area of supervisor-supervisee relationships as well. The effects of gender need to be considered in the developmental stages. This section establishes a developmental model that will be used as the

context for the gender issues to be explored in this research.

Several authors from other disciplines of the social sciences have identified supervisory developmental stages, each with a slightly different focus. Hogan (1964) identifies four levels of supervisee growth - the first is method bound, the second is dependency/autonomy, the third is increased self confidence, and the fourth is personal autonomy. These categories provide a general basis for the stages and they are developed from the viewpoint of the supervisee.

Mueller and Kell (1972) describe the supervisory relationship more directly, but are less specific in naming the stages. Early stages include work on mutual trust and expectations followed by the supervisee valuing the relationship and identifying with the supervisory process. When the supervisee finds the supervisor's competence to be liberating and not inhibiting, the relationship is approaching a professional level and can eventually move to a relationship between colleagues.

It is Stoltenberg (1981) who provides a framework of four developmental levels which include supervisee characteristics as well as supervisor responses. The supervisee moves from (1) dependence on the supervisor to (2) conflict about that dependence versus developing autonomy to (3) an integration of personal professional identity (4) to independent professional practitioner. Simultaneously, the

supervisor moves from (1) encouraging autonomy and instructing to (2) providing support, empathy, and latitude for increased decision making to (3) allowing professional confrontation (4) to being available as a peer. This model is interactive and allows for the changes in each person to have a response from the other. One difficulty with the Stoltenberg (1981) model is the response of the supervisor to conflictual components of the relationship. The supervisor is expected to respond with support, empathy, and increasing latitude. There is no response that encourages confrontation or the discussion of differences. This deficiency might be especially difficult in the area of gender. Differences arising due to gender cannot merely be supported, which is patronizing, but rather need a more thorough exploration.

Hart (1982) does recognize the conflicts that arise in all stages of development of the supervisory relationship. He sees many of the conflicts arising as a result of covert anxiety about the relationship of the supervisee to the supervisor. Unresolved issues about gender in the relationship could be contributing factors to the covert anxiety. It is remarkable that each model except that of Hart (1982) stresses support and facilitation to a much greater degree than it does confrontation and discussion of differences. A climate of freedom to explore differences is needed if gender issues are to be a visible part of the supervisory relationship.

Family therapy supervision has adapted the above models and developed some of its own. A developmental model arising specifically from a marriage counseling training program at California State University was proposed by Ben Ard (1973). He describes five stages through which the supervisee progresses. They are (1) Preceptorship, (2) Apprenticeship, (3) Mentorship, (4) Sponsorship, and (5) Peership. His evolving stages deal with supervision as a one to one process, a relatively unexamined area in family therapy where supervision is frequently based in educational facilities and training groups. In one to one situations, problems of gender differences may arise on a more intimate level than in group situations.

Kersey and Moy (1983) have developed a scale that not only identifies the developmental stages of the relationship, but also rates both the supervisor and the supervisee along the same parameters within that relationship. A willingness to be assessed, not only to assess, is important to a supervisor's professional integrity. They do not focus on gender as a variable in the relationship nor, subsequently, in the developmental stages.

For the purposes of this research, Everett's (1983) developmental model will be used. He places emphasis on the transitional phases of the developmental process. These transitions are progressive or regressive and marked by turbulence. To facilitate transitions, the supervisor needs to be strong and supportive, provide clear structure and

allow resistances to emerge rather than to be stifled. The focus of supervision, according to this model, is frequently on family of origin issues. Attitudes toward gender have their roots in family of origin. With this focus and an atmosphere conducive to the emergence of differences, the potential for the discussion of gender issues is high. The transitions frame the stages. They are:

Transition I - The supervisee questions skills and abilities and exhibits regressive behavior - an example being - not completing work. The limits of the relationship are tested. The supervisor must recognize these needs and not get trapped in a no win situation fraught with personal power issues.

Functional Dependency - There is a settling by the supervisee manifested by a wider use of skills and a greater openness. The supervisor must beware of creating and expecting discipleship, but rather must provide creative assistance for the supervisee to use his/her own resources.

Transition II - The supervisee begins to separate from the supervisory process, tries to develop his/her own identity and experiences periods of autonomy. Supervision may again relate to family issues. The supervisor needs to support separation and autonomy for the supervisee and recognize hearing completion. This means giving up needs to be idealized.

Individuation - The supervisee experiences clinical autonomy. The supervisor must give up control and be able to relate as a colleague.

Everett's (1983) presentation of development in terms of transition and individuation is a comprehensive description of the dynamics of the total supervisory relationship. He accounts for behaviors and attitudes of the supervisor and supervisee as well as the effect of those dynamics on the

relationship. Issues of gender can be dealt with in this model as the following examples demonstrate.

In Transition I, different gender issues influence how skills and abilities are questioned and how those questions are answered. A male supervisee may be seductive in his relationships with women. He may view women as sexual beings, but not as people who can help him to learn. Therefore, his relationship with his female supervisor would be based on his view of women. Such a limited perspective would not allow him to fully develop his skills nor would he have the opportunity of seeing the supervisor differently. A gender aware supervisor might realize the dynamics and encourage the discussion of the effect of their difference in gender on the supervisor process. In testing the limits of the relationship, different gender issues will surely have a role. Same gender issues enter into both areas as well. For example, a female supervisee who has often pushed the limits in relation to her mother will be more likely to test limits with a female supervisor than is a female supervisee who was relatively comfortable with the limits set by her mother. The supervisor has the responsibility early in the relationship to open areas for exploration of these kinds of differences and similarities.

The stage of Functional Dependency is characterized by greater openness in the relationship, but the supervisor is cautioned about the creation of disciples. Greater openness could include discussion of gender issues not only in the

supervisor-supervisee relationship, but in the client and therapist relationship as well. The supervisor might be wary of giving cues, both overt and covert, to the supervisee, that perpetuate sexism. In the case of a male supervisor, this may be a paternalistic attitude about women in the family and toward women supervisees. Such an attitude is not only damaging to the development of women supervisees, but is also apt to imbue male supervisees with similar attitudes. On the other hand, a female supervisor with particularly strong feminist views may not allow male supervisees to explore their reactions toward such views and she may expect that women supervisees should have ideas similar to hers. This developmental stage affords the possibility of more open discussion and actions against the danger of supervisees echoing the opinions and attitudes of supervisors.

Transition II focuses on separation and autonomy often relating back to family of origin and those inherent separation issues. A word of caution to the supervisor is to give up the need to be idealized. Gender issues based on attitudes related to family of origin might be problems associated with separating from same gender or different gender parent. The same areas of difficulty can be recreated in the separation from the supervisor. One might speculate that women and men who had more difficulty leaving their mothers than their fathers are likely to experience more difficulty leaving female supervisors than leaving male supervisors. The opposite gender configuration associated

with leaving home is also likely to be true. The careful supervisor, alert to those kinds of gender issues, can avoid pitfalls by awareness of these dynamics and by heeding the warning to give up needs to be idealized.

Individuation is the time when supervisor and supervisee enter a new kind of relationship, that of colleagues. Issues of gender continue to persist in collegial relationships. Men, who need to separate from women in order to hold onto their gender identity, may leave female supervisors in an abrupt manner and discontinue any further contact. Women, who tend to be relatively comfortable in relationships, may have difficulty leaving both female and male supervisors and go out of their way to maintain contact. As the collegial relationship is realized, there may be disagreement between opposite genders on how to deal with a male or female in a family. There may be collusion on the part of same gender colleagues in such a way that the opinions of opposite gender colleagues are ignored. However, if gender has been a discussable topic throughout the development of the supervisory process, it will continue in that vein during and after individuation.

A most important aspect in the developmental stages of the supervisory relationship is that gender issues be available for discussion and exploration in the total supervisory system - supervisor, supervisee, and family. The isomorphic process (Liddle and Saba, 1982) is in operation in this system around gender issues. It is incumbent upon the

supervisor to set the stage for dealing with gender as she or he is hierarchically in charge of the system and in that position, is also affected by attitudes about gender and power.

Models of Supervision

Introduction

There are as many models and theories of supervision as there are models and theories of therapy. There is little disagreement with Liddle and Saba (1983) when they state that "one's theories of therapy are represented (through our premises and procedures) in one's theory of training, and vice versa". Several years earlier, Jay Haley was noticing the same process in the training of therapists.

As clinical training programs change, it is being discovered that a theory of therapy and a theory of training are synonymous. If a teacher believes that insight causes therapeutic change, he trains a student therapist by giving the student insight into himself and his personal problems. (Haley, 1976, p. 170).

Because models of supervision are congruent with theories of therapy, this section will highlight four major therapeutic models of family therapy. These are selected not with the purpose of denying other theories, but rather to set some limits for the purposes of the research. Each of these theories seems to attend to the dynamics of power and hierarchy either by using them or by trying to neutralize them. In either case, these concepts play a key role in family organization and gender roles.

The format for describing each model will begin with a discussion of the model, followed by a summary. This will consist of the orientation to supervision, the goals of supervision, supervisory methods (McDaniel et al. 1983) and gender implications. The following sections provide further discussions of each model.

Family of Origin Model

The first theory to be discussed is Family of Origin as it was developed initially by Murray Bowen (1976). As the pioneer theorist and proponent of this model of therapy, he used his theory for training therapists as well as for working with clients. This theory of both training and therapy is an underpinning for other models of therapy as well. Guerin and Fogarty (1972), McGoldrick, Pearce, and Giordano (1982), and Kerr (1986) expand the therapeutic model into a supervisory model. Gender issues might be expected to arise in this model much in the way they arose in the supervisee's family of origin.

The major areas of focus of the Family of Origin or Three Generational Model are (1) triangles in the family, (2) differentiation of self, (3) undifferentiated ego mass, and (4) multigenerational transmission of patterns (Nichols, 1984). Interventions are aimed at increasing self differentiation by exploring family of origin through the use of genograms. As patterns are revealed, the person or couple is enabled to move beyond the dynamics of the family of origin. There is a belief that understanding the patterns of

the generations will yield changes in the client and the family of procreation.

Of the four models, this one seems to be most naturally related to supervision. Supervisees tend to get "stuck" with client families in the same way that they found themselves "stuck" in their families of origin. Therefore, it seems natural to do three generational work with supervisees and to work on the personal growth of the supervisee. It is also a model that is easily transferable from therapy to supervision. The same process can be used in the supervisory situation as in the therapy situation. One major difficulty is the potential for the supervisor to become involved in a therapeutic rather than a supervisory relationship with the supervisee.

Guerin and Fogarty (1972) see supervision as a triangle. Two people are concerned about a third - the client or client family. This relates immediately to the original triangles that existed in the supervisee's family of origin in terms of the supervision and in terms of the therapy. The difficulties the supervisee is having with the family also evoke triangles in her or his family of origin. This could also be simultaneously occurring for the supervisor, but Guerin and Fogarty do not discuss that possibility. The assumption that the supervisor is beyond being caught in the triangle omits a major piece of the relationship. Braverman (1984) and Falicov, Constantine, and Breunlin (1981) endorse the concept of understanding the supervisee's relationship to

the client family through exploration of her or his family of origin as an important aspect of training therapists.

Ferber, Mendelsohn and Napier (1972) describe how family of origin work can be effectively used not only for therapy but for supervision as well. They view the task of the supervisor as one of helping the supervisee to cope with problems arising from her or his family of origin, not one solving those problems. This early description seems to have changed little in the ensuing years.

Not mentioned in the relationship issues is gender. Most families of origin are gender mixed. Therefore, gender is an issue in the supervisory relationship whether it is the same or a different gender relationship. The way the supervisee related to members of her or his family of the same gender as the supervisor is likely to be recreated to some extent in the supervisory relationship, as well as in the therapeutic relationship.

When the supervisory relationship is viewed from a perspective of gender and family of origin, there are differences in what might be expected from the process. Differentiation is the basic principle of family of origin theory and supervision. However, recent literature sheds new light on the meaning of differentiation or individuation to females as opposed to males. Since the theory was developed by a male and perpetuated mainly by males, it is not surprising that the meaning of differentiation for females was not considered to be different than for that of males.

An indication of this difference comes from Nancy Chodorow (1978). "From very early, then, because they are parented by a person of the same gender...girls come to experience themselves as less differentiated than boys, as more continuous with and related to the external object world, and as differently oriented to their inner object world as well" (p. 167). Females seem to have less of a need for differentiation than do males. Gender identity is more dependent on individuation for males than for females. This point was expanded upon by Carol Gilligan (1982). Her work showed that relationships and issues of dependency are viewed differently by men and women. For men, gender identity is tied to individuation. Separation from the mother is necessary for the development of maleness. On the other hand, women are not dependent on separation from the mother for the development of femaleness. In this context, masculinity is defined by separation and femininity is defined by attachment.

In the supervisory relationship, there is both dependency and gender. Therefore, one might expect, from Chodorow and Gilligan, that male supervisors would foster individuation and female supervisors would encourage attachment and the same would follow for supervisors. This is compounded by the degree to which individuation and attachment was encouraged in the family of origin of each. The implication is that, without an awareness of these dynamics, different gender supervisors will have expectations

around individuation and attachment that the supervisee may not be able to attain. This would effect not only the relationship, but also the work being done with the client family. Same gender supervisors may miss elements of dependency in men and elements of separation in women.

One other aspect of this issue is the point made by Kerr (1984). "The degree to which a person functions as an undifferentiated self in their adult life reflects the degree to which they functioned as an undifferentiated self while growing up in their family" (p. 10). (It is interesting and especially telling to note that Kerr uses an incorrect form of the pronoun referring to person. He uses "they" and "their" which are non-gender specific pronouns and thus avoids the issue of having to decide whether to use "he", "she", "he/she" or "she/he"). While the quotation does not allow for developmental changes, the likelihood exists that females are still at a disadvantage. They tend to be attached for a longer period of time than do males and seem to be relatively comfortable with that attachment. A male supervisor working for the differentiation of a female supervisee may push in a direction that is both threatening and frustrating to the supervisee.

While these issues exist in all models of supervision, they seem to have the most chance of being recognized and worked through in the family of origin model. Further consideration will be given to individuation/separation in

the data section and in the future development of a model for gender awareness.

A summary of the highlights of the Family of Origin model of supervision follows (McDaniel, Weber, and McKeever, 1983).

Orientation: The supervisor acts as a catalyst for helping the supervisee to discover multigenerational themes and to detriangulate within her or his family of origin. This is based on the theory that supervisees tend to get "stuck" with client families in the same areas in which they experienced difficulties with their families of origin.

Goals of Supervision: The supervisee is expected to experience personal growth through family of origin work and to have a knowledge of three generational theory. The isomorphic effect of working with the supervisee's own family is expected to influence work with the client family.

Methods of Supervision: Supervisees choose to present issues relating to either their own family or their client family to the supervisor. If it is their own family, the supervisor works with them within the model of therapy. If it is the client family, live supervision, video tapes or case presentation is used. In either case, genograms are used.

Gender Implications: Differentiation from family of origin is a major principle of this model. However, differentiation seems to have divergent meaning for men and women. Men tie their gender identity to differentiation

while women do not. There are many implications of this concept within family of origin supervision.

Structural Model

The second theory that has had major impact on the field is Structural Family Therapy as developed by Salvador Minuchin (1975). This theory is often perceived, particularly by women therapists, to be power laden and male oriented. There has been some effort, mainly by women, to move toward more egalitarian interventions in the therapeutic process (Walters, 1984). However, this theory, both in therapy and supervision, seems to point out power and hierarchical issues between men and women.

Minuchin and his associates developed this model in the middle sixties at the Wiltwyck School in New York. They subsequently used this model to work with disorganized Black families at the Philadelphia Child Guidance Clinic. An interesting aspect of the Wiltwyck therapy team is that it was diverse by race and gender, as well as by profession. It included one white woman, one black man and one Hispanic man. There were three psychiatrists, two social workers, and two psychologists. The research team included three women and one man. This was a truly diverse group of people. The impact of this diversity on the development of the model has been given little, if any, attention in the literature. However, it is difficult to argue that women were not represented in the early phases of Structural Family Therapy. One might wonder why those women did not get more recognition

or why their influence was not more evident as family therapy emerged as a treatment modality. Both Bernice Rosman and Florence Schumer are included as secondary authors of Families of the Slums, (1967), but it is Minuchin and Braulio Montalvo who are remembered as the authors. At that time, the feminist movement was also in its infancy and perhaps its effects had not reached the Minuchin team. If it had, there may be fewer feminist critics of the model today.

The Philadelphia team worked with poor families who were predominantly Black (Minuchin, 1967). They realized that they could train people in the communities to work with families who were their counterparts. This began a supervisory process that was a part of the model of therapy. There is no model for structural supervision other than to assume that it, like other models, is isomorphic to the model of therapy. Therefore structural supervision occurs within a context that is congruent with the model. Assumptions of the model are that the context effects changes in the individual and that the therapist's behavior is significant in that change (Minuchin, 1974, p. 9). Translated into the supervisory process, this means that the context of supervision can effect changes in the supervisee and that the supervisor's behavior is significant in those changes. In that case, gender is part of that context and must be dealt with in order to effect change. The ideas of organization, hierarchy, boundaries, contracts, and tracking exist in the supervisory system as part of the total therapeutic system.

Minuchin (1974), does respond to the feminist movement with the following brief statement.

The new feminist movement has also attacked the family, describing it as an entrenchment of male chauvinism. They see the nuclear family as an organization that cannot help but produce little girls reared to be wives in the doll house, and little boys who will be just as trapped in outmoded patterns (p. 49).

He offers neither solutions nor alternatives for the model. One might assume that the feminist view of the family was noted, but had no impact on either the model of therapy or supervision. The feminists of the present are trying to effect changes in the model as is evidenced by The Women's Project in Washington, DC (Simon, 1984) and by Deborah Leupnitz's recent work, The Family Interpreted: Feminist Theory in Clinical Practice (1988).

In the late seventies, Marianne Walters, Olga Silverstein, Peggy Papp and Betty Carter began to tackle the issues that women face as family therapists and, to a small degree, as supervisors. "We began to look at the family as a system which can serve to maintain and to challenge the inequities of patriarchy. Our goal was to move the field to a place where it would not be part of the problem, but part of its solution" (Simon, 1984, p. 30). If this is their goal for the field, it is likely that they bring these ideas to their supervision as well as their clinical work. Challenging the inequities of the patriarchy needs to be an integral part of Structural supervision as well as of Structural therapy. If the inequities are not challenged

they will continue. Further, there is some sense that not only are gender issues unchallenged by the Structural model, but that they are also unrecognized. In discussing gender in relation to the Structural model, the following statement was made by Molly Layton. "It was as if the units in the family were primarily defined as big units or little units, but not necessarily as male units or female units. Suffice it to say that in matters of gender, Structural Family Therapy is plain rather than fancy" (Simon, 1984, p. 32). If therapists are not seeing the gender issues in a family, than the supervisory process must bring them forward both by words and actions. Structural supervision exists in a context that can be responsive to gender issues both in the therapeutic system and in the supervisory system.

A summary of the highlights of the Structural model of supervision follows.

Orientation: The premise of the model is that families are structurally characterized by a hierarchy in which parents have more power and responsibility than children is paralleled in the supervision. The supervisor is in charge of the session and clearly has more power and responsibility than the supervisee. Boundaries are made clear and the structural hierarchy is maintained throughout the supervisory process.

Goals of Supervision: The goals are to help supervisees use the interventions that bring about structural changes in the family and to discover their own ways of using and

expressing these interventions. The supervisor is responsible for addressing and changing dysfunctions that occur in supervision. If resolutions to dysfunctional interactions are made in the supervisory relationship, the process of those resolutions will be carried by the supervisee into the client families' dysfunctional interactions.

Methods of Supervision: Live supervision, with a one-way mirror as a boundary, is frequently used. The supervisor intervenes directly with the supervisee by phone or bug-in-the ear. The supervisor may enter the therapy room to intervene thus emphasizing the existing hierarchy in the supervisory system. Video tapes may also be used, but the method of choice is live supervision.

Gender Implications: Gender is not directly addressed in this model, but is always an undercurrent when issues of power are raised. Because the model is based on power and hierarchy, the concepts are associated with males and addressed as if men and women are equal in families. Therefore, there needs to be a more conscious effort on the part of supervisors to bring female concerns into supervision and therapy. Many interventions seem to be aimed at empowering men in the family. Supervisors can work to bring this to supervisees' awareness and to help them find those individual and creative interventions that empower women as well as men. This awareness begins in the supervisory relationship.

Strategic Supervision (Haley/Madanes)

The model of Strategic Family Therapy was developed by Jay Haley (1976) and expanded by Cloe Madanes (1981). This theory has its roots in the Bateson Project and in Communications theory. Haley's associations with the Bateson group, Milton Erickson, and Salvador Minuchin gave him a broad base of knowledge from which to draw. All of these influences are evident in Strategic Family Therapy. However, the strongest influence seems to come from the Structural model (Simon, 1982). As Haley and Minuchin spent ten years together, it is not surprising that similarities exist.

The original model is focused on the problems arising from life cycle transitions. The outgrowth of that model is presently referred to as the Haley/Madanes model. The work of this model focuses on solving the presenting problem in as brief a time as possible. The presenting problem is most often seen as a metaphor for the malfunctioning dynamics in the family. The therapist is expected to plan specific actions and interventions for the treatment of the family. The addition of Madanes with her humor and female point of view seems to have alleviated some of the characteristics of this model that are heavily associated with the male stereotypes of power and authority.

Haley has spent much of his professional life as a trainer of therapists and as a supervisor. From the time he became director of training at the Philadelphia Child Guidance Clinic to the present, he has written about training

issues and has supervised in his training programs. He, as do other theorists, sees the parallel process between the model of supervision and the model of training. Therefore, a Strategic model of supervision will be used by a supervisor who adheres to a Strategic model of therapy.

In this model (Haley, 1976), the therapist is responsible for bringing about change and must devise a strategy to produce that change. The therapist initiates action and uses feedback to plan for future sessions. If change does not occur, the therapist, not the client accepts the responsibility for the failure. The same dynamics exist in the supervisory process. The supervisor is outside the actual session, but very much a part of it. She or he is ultimately responsible for what happens to both the family and the therapist/supervisee. Sessions and interventions are carefully planned with the therapist/supervisee. When it is possible, the supervisor observes therapy sessions from behind the one-way mirror. The phone, bug-in-the-ear, or outside session conferences are possible methods of executing the planned supervisory interventions. If the supervisee is not learning and not influencing change in the family, it is the supervisor who accepts responsibility for that. The supervisor needs to protect the family as well as to help the supervisee change when therapy is not progressing. In this model, the supervisor has the responsibility for both the family and the therapist.

Haley does not address gender issues in his writing on training and supervision. He does stress that there is no assumption made "that the therapist will be more effective if he understands himself or freely expresses his emotions...It will be assumed that the student will change with action, not reflection about himself" (Haley, 1976, p. 176).

Considering that Carol Gilligan, (1982) has expanded awareness about the importance of relationships for women, this model of supervision may be particularly male-oriented and less appealing to women than to men supervisees. Jean Baker Miller (1976) is a contemporary of Haley. She points out that rewards for a task oriented, male perspective are inherent in the present, male-dominated culture, while there are few if any rewards for the relationship aspects of a feminine perspective. Haley's model of therapy and supervision reflect this contemporary cultural opinion.

With the addition of Cloe Madanes, both to Haley's personal and professional life, one might expect to see some female oriented changes in the model. However, Madanes says little about supervision in her writing, but she does add a sense of lightness and playfulness to the model. How this is reflected in supervision has not yet been explored. However, Richard Simon (1986) did touch on the issue of feminism and Strategic therapy in his article on Cloe Madanes. He says, "Some of Madanes' work, in particular, has been attacked as degrading to women and reinforcing of stereotyped sex roles" (p. 21). This is validated by Deborah Luepnitz in the

preliminary work for her recent book. She says, "The idea that insight is somehow irrelevant to change is a real disservice to women" (Layton, 1984, p. 21). While this is reported about therapy, one can expect, because of the parallel nature of therapy and supervision, that the same problems exist in the supervisory process. The work of previously cited authors, Gilligan and Miller, show the importance and the lack of recognition of the affective nature of women. These elements seem wanting in the model of Haley and Madanes.

A summary of the highlights of the Strategic model follows.

Orientation: In this model, symptoms are viewed as the result of maladaptive solutions applied to recurring problems within the system. Interventions are planned and goal-directed, aimed at problem solving rather than growth or insight. Supervision is carried out in a similar manner. It is planned, goal directed and focused on problem solving. Growth is not a goal but a by-product of the supervisory relationship.

Goals of Supervision: Supervision is aimed at enhancing the use of interventions and further understanding the theory with no focus on the supervisee's self. The supervisor functions as a consultant, thus establishing her or his expertise in the process. The therapist is in charge of the therapy and the supervisor intervenes when problems occur in the treatment of the family. Points of resistance between

the supervisee and the family are dealt with in supervision thus leaving the therapist/supervisee free to deal with interactions within the family. The supervisor accepts responsibility for the outcome of both therapy and supervision. Hierarchy and authority are factors in the supervisory relationship.

Methods of Supervision: Supervision is ideally live with the supervisor (consultant) making phone-in interventions or giving directives to the supervisee. Occasionally, the supervisor will enter the room to intervene either with the therapist or with the family. Haley, himself, does not do this because it confuses the hierarchy. A team is utilized both for the learning of other supervisees as well as to devise interventions.

Gender Implications: Haley does not overtly address gender in relation to supervision. However, the model does not advocate introspection and self awareness, thereby precluding explicit discussion of gender. This is not a relationship oriented but a task oriented model and therefore may be better suited to men than to women.

Systemic Model

The systemic model of therapy has gone through several phases in reaching its present form. At first, the model was psychoanalytically oriented, but has presently moved into the realm of constructivism. Neutrality, a major theoretical orientation of the model, has been soundly criticized by some feminists in the field. They see it as an avoidance of

taking a stance against the violent treatment of women by men in families. However, neutrality does not imply disinterest and other interpretations embrace greater freedom for the therapist to consider her or his own stance toward the problem, be it violence or an issue less dangerous in nature.

In the late sixties, Mara Selvini-Palazzoli and Luigi Boscolo began to work with families in Milan, Italy. Their work drew other professionals to them and eventually a group of therapists were practicing with families in which anorexia was the identified problem. Their orientation was predominantly psychoanalytic.

In the early seventies, the group split and Selvini, Boscolo, Cecchin, and Prata became the "Milan Group." It was at this time that their most creative concepts and interventions were developed and put forth in a major book, Paradox and Counterparadox (1978). The main theoretical concept of this stage of the model considered all behavior as positive in relation to the system and the prescription was for no change.

In the late seventies, another change occurred. Influenced by the work of Gregory Bateson (1972), the team began to see that new information was always being processed by the family and this "news" was stimulating families to create new patterns for themselves. In training, which is closely related to supervision, Boscolo and Cecchin began to develop teams of therapists who observed the therapeutic system, thus developing second order perspectives of the

therapeutic process. It was at this point that the three principles of interviewing, and, the basic assumptions of the model - hypothesizing, circularity, and neutrality - were described (Selvini, et al., 1980).

More recently, the team has once again split. Selvini and Prata have gone in a different direction searching for a single intervention which they call the "invariant" or "universal" prescription. Boscolo and Cecchin have continued to focus on the Systemic model using the team and the three principles of interviewing (Tomm, 1984).

Others have elaborated on this model and have brought exciting innovations and thinking into its growth. Tom Andersen (1987) has made extensive use of the reflecting team as have Anderson, Goolishian, and Winderman (1986). The Brattleboro Family Institute in Vermont has integrated gender and feminism into the model in a way that is respectful to the participants in the total therapeutic system. Contrary to the criticism of feminists, Dusty Miller (1988), of that group states "...it is that gender is, indeed, central to what we know and, if we remain 'gender blind', we cannot know. These writers challenge the position of not seeing or not knowing about differences in how males and females experience the world. They offer an alternative vision which allows us to see a multiverse of experiences, a vision which is, for males and females alike, empowering." All of these people and groups have participated in bringing the Systemic model to its present status in the field.

The basic theoretical underpinnings of the model are hypothesizing, circularity, and neutrality. Based on the information a therapist has about a family, a hypothesis is formulated. This hypothesis is revised and changed depending upon the new information received during the interviewing. Circularity is the ability of the therapist to interview the family on the basis of feedback received about relationships, and, therefore, differences and change. Neutrality refers to the therapists' stance during the session. If a family were asked, they would see the therapist as never taking sides (Selvini, et al., 1980). However, Lax (in press) describes neutrality as therapist curiosity which avoids side taking and generates new questions. These aspects of the therapeutic model are also a part of the supervisory model. Supervision is conducted in much the same manner as is therapy.

The reflecting team has become an integral part of Systemic therapy and, by its very nature, of supervision. The team may sit in the room or behind the one way mirror. They provide input to the family and give their view of the therapeutic process as well as the family interaction. In this model, the therapist and family get feedback about the process (Andersen, 1987). The relationship between meaning and action is recursive; as meaning changes, behavior is altered. In this context, the emphasis is on positive or logical connotation rather than negative. People cannot

change under negative connotation (Hoffman, 1986). This assumption is carried into supervision.

A summary of highlights of a Systemic model of supervision follows.

Orientation: In this model, problems generate systems and create "problem determined systems" (Anderson, Goolishian, and Winderman, 1986). The emphasis is on positive connotation and there is a recursive relationship between meaning and behavior, therapeutic system and family system. Both therapist and family develop their views of reality. There is an emphasis on sharing information between family, therapist, reflecting team, and supervisor (Miller and Lax, 1988). Supervision is consistent with the model of therapy. The supervisor works with the team to develop their mutual views of reality within a context of hypothesizing, circularity, and neutrality. The total therapeutic system is the supervisory target. The emphasis is on sharing information in a positive frame.

Goals of Supervision: Supervision is directed at the supervisee's understanding of her or his role in the construction of the family's reality. The supervisor is a part of the team and does not function as an expert, but rather as a collaborative facilitator. The supervisor works to discover the supervisee's perceptions of the therapeutic process through hypothesizing, circularity, and neutrality. The supervisor includes her or himself in this perception. This is done in a non-pejorative, positively connoted frame.

Methods of Supervision: Supervision is usually live with the supervisor as part of the team, either behind the one way mirror or in the room. The supervisor uses questions and circularity to develop both the supervisee's process and view of her or himself. Feedback is incorporated in the questioning for the purposes of seeing differences and experiencing change, growth, and skill development. Videotapes can be used in the same manner with questioning and recursivity at appropriate points.

Gender Implications: In spite of feminist criticisms, this model, as it is presently being used by many therapists, may be the most responsive to gender concerns. With its focus on differences and the construction of reality as seen by both therapist and supervisor, there is a great deal of latitude for the views of men and women to be developed and considered. Knowing about the differences in the way men and women view the world is as an important aspect of the supervisory process as it is the therapeutic process.

Supervision and the Family/Client

Each of these models is directed at helping families to change. It should be clear that the way the model considers gender has an effect on the family being treated. A model with little consideration of gender will not deal with gender issues in the therapy itself. A model that does not address gender perpetuates gender inequality in families. At the next level, supervision, gender will also not be taken into account. If gender is to be considered in working with

families, it must begin in the supervision and training. Only through this process can trainees and supervisees develop an awareness of gender as it relates to the supervisory relationship and, subsequently, the family that is in therapy.

The next section, a review of the literature, will relate both within gender as well as between gender literature to supervision. It will also consider the concerns of feminists in relation to therapy and supervision.

CHAPTER 3

LITERATURE REVIEW

Introduction

There is a slowly growing body of literature in the family therapy field dealing with gender issues and supervision. Munson (1987) has written one of the recent articles focused on gender and supervision in family therapy. He acknowledges that "Historically, there has been little exploration of the roles of men and women in supervision" (p. 235). In order to understand and survey the work done in this area, the literature of psychology and social work is also reviewed. To learn how family therapists are thinking and writing about gender, it is necessary to read literature relating to gender in the practice of family therapy. In this way, trends in the area of gender and therapy can be related to supervision.

This review is divided into sections with the intent of identifying areas in gender development that impact on the supervisory relationship. The first section is a brief history of gender issues and the effect on present concerns. The second section reviews the supervisor/supervisee relationship with respect to gender characteristics in the following areas: 1) development and socialization, 2) autonomy and relationship needs, 3) gender roles and stereotypes, 4) power, and 5) intimacy and friendship. A

third section focuses on feminism and its effect on supervision.

A goal of this review is to attend to issues of same gender relationships as well as different gender relationships. However, much of the literature emphasizes differences and that is reflected in the review.

History

Historically and traditionally, men have lived in the "outside" world as well as the "inside" world or the home. Women have, until recently, lived only in the "inside" world. The industrial revolution forced this way of separating behaviors into gender roles and "the family became organized by the economic order of the larger culture" (Layton, 1984, p. 22). As the growing economy demanded more of men who were devoted to working, men's interests began to focus more on productivity than on emotional development which became women's work (Layton, 1984).

Families persisted in an "inside - outside" pattern until the early sixties when the Women's Movement was greatly enhanced by Betty Freidan's work, The Feminine Mystique (1963). This book was one of the first to recognize the oppression felt by many women and was significant because it was read not only by scholars, but by many women in the general population. It was not the first attempt by women to gain equality, but its impact was felt strongly in an unsettled era when change was more the rule than the exception. Women began to enter the workplace not only out

of needs to survive, but to establish themselves in the fields of education, social science, and business. Therefore, when women began to choose professions, they tended to select those dealing with caretaking or helping others. Men in those professions tended to have arrived there through the medical profession. Women continued to be on the "inside" by their choices of professional work, while men tended to do the "outside" work of dealing with other systems as well as directing their own systems.

Women were not received with open arms by their male counterparts. They were given lower pay and lower status. Suter and Miller (1973) found that women were paid considerably less per unit of work than were men and were less able to convert education and occupational status into the high earning rate of men. They did not reach higher administrative positions as quickly as did men because they were seen as not serious about their careers or as too emotional to do the required work (Fernandez, 1981). Because of the top-heavy power imbalance, the people making decisions influencing women's work lives were men.

The helping professions, which include family therapy, did not escape this paradigm. Women, who have developed an emotional side in the context of the family, continue to carry out that role in response to more "product" oriented men in family therapy. Primarily, academicians and researchers are men prescribing a male model of knowing, doing, and caring. Primarily practitioners are women

prescribing a female model of knowing, doing, and caring (Davis, 1985). This idea is taken from social work, but has relevance to family therapy. Davis reports that in social work women speak of caring and healing, while men develop models and textbooks that focus on goals, roles, and contracts. It is only when women researchers learn to speak in male voices that they are heard.

This view does extend to family therapists (Hiebert, 1987; Kaslow, 1986; Libow, 1985; Saba, 1984; Simon, 1984). Carol Anderson, when interviewed by Hiebert (1987), sees men as defining "What is health and what is pathology" (p. 9). As a result men have accepted a female definition of intimacy and escaped from clinical work by being researchers and administrators. Betty Carter (Simon, 1984) says nearly 80% of family therapists are women, yet this is not reflected in the leadership of the field (p. 30). Saba (1984) agrees, stating that the majority of family therapists have always been women, yet they still represent a minority of those in administrative positions in agencies, those publishing books in the field, those in leadership, or those speaking at conventions or other major public forums (p 6). He offers prescriptive advice: "We cannot assume that our attitudes about interaction, interconnectedness, and complementarity are relevant and meaningful only in the therapy room." Therefore, we need to make a serious concerted effort, both collectively and individually, to remedy this inequity (p. 6). Libow (1985) sees the field dominated by male

"superstar" leaders with women doing an overwhelming amount of the clinical work. "The failure of family systems thinkers to address these many dimensional gender issues has not only taken its toll on our client families, but has exposed significant blind spots in our field" (p. 36). She adds that although women have contributed, they have been essentially invisible in our field's history of leadership and creativity. In a critique of a review article of major figures in the field, Kaslow (1986) notes that contributions of women theorists are largely overlooked. The Women's Project, which is presently influencing the work of female therapists, is not recognized as an important therapeutic model by men in the field. (Kaslow, 1986).

There is general agreement that women are largely responsible for the clinical aspects of family therapy and men are largely responsible for theory and policy making. The preceding literature, while it focuses on the clinical aspect, does influence the supervisory process. Women are frequently supervised by men in authoritative positions. This arrangement is more usual than that of men being supervised by women in similar positions. Munson (1987), states: "Women supervising women was a common occurrence in the past, but women supervising men was an unusual, brief encounter in the man's rise to higher levels of administration (p. 237). He goes on to say that this pattern has changed as more men have reached higher levels than have women in the field. "Female practitioners are less likely to

have experienced supervision by a woman during training and, given the high percentage of men who have moved into administrative and supervisory positions, the chances of a female practitioner's having a female supervisor in many settings are also unlikely" (p. 238).

To further this exploration, the next section will consider the supervisory relationship from a gender perspective.

The Supervisory Relationship

The frame and context in which supervision occurs is the relationship. The process of supervision focuses on task. The nature of this task has been given much consideration in the literature (Berger and Dammann, 1982; Haley, 1976; Munson, 1986; Whiffen and Byng-Hall, 1982). The nature of the relationship not only with respect to gender, is beginning to receive attention (Alderfer and Lynch, 1986; Dodds, 1986; Lowenstein, Rader and Clark, 1982; Munson, 1987; Wheeler, Miller, Avis and Cheney, 1982). There is concern as to the constitution of the professional relationship and the influence of both individual and group expectations on that relationship. Gender is but one of the influences on the conduct and process of supervision.

Both same and different gender relationships are affected by the socialization and personality of each individual. However, each constellation has its own version of gender issues.

Same gender relationships are not discussed in the literature to any extent. Yet, these arrangements should not go unexamined. For example, some women in supervisory relationships may find themselves valuing nurturance and relational skills to the point of avoiding task oriented work. Their idea of support may become caretaking. They may be "polite, proper or nice" (Reid, McDaniel, Donaldson, and Tollers, 1987) and not confront each other when confrontation is needed in the developmental process of supervision. The beneficence of a woman supervisor may curtail the encouragement of her female supervisee to develop autonomy. Each may lose sight of her own needs in deference to the other (Hare-Mustin and Maracek, 1986). An awareness by women of these characteristics, which are gender related, can open the door to less gender bias in supervision.

On the other hand, men in supervisory relationships with other men face a different set of concerns. Some men may focus on the task at hand and not deal with the relationship. There may be a denial of their interconnectedness and the use of more instrumentality in supervision. They may make judgments that are largely morally based (Gilligan, 1982) about each other and about the client. Autonomy may be forced on the supervisee or she or he may try to take it before being is ready to do so.

Women tend to be characterized as valuing relationships, connectedness, and beneficence while men are characterized as valuing autonomy, separation, and principle (Chodorow, 1978;

Gilligan, 1982; Hare-Mustin and Maracek, 1986). In same gender supervision, these characteristics could control the relationship and allow little room for the values of the other gender to influence the values of the same gender pair to create a more androgynous solution. In cross-gender supervision, the characteristics could influence each other, but they also could become adversarial and hinder the process.

If, for example, a male supervisor approaches the relationship with a task oriented view and the women supervisee brings a relationship orientation, they may have difficulty communicating clearly about their own process and even more difficulty discussing the client's process. Both may feel dissatisfied and not know why. A woman supervisor may not understand a male supervisee's need for more autonomy and try, with little success, to be more nurturing in order to improve the process. Okun (1983) states:

A major gender issue is the possibility of the supervisor-trainee relationship falling into destructive traditional patterns, as indicated in several ways: submissive or seductive behavior in women; a patronizing or seductive attitude in men; male trainees not taking female supervisors seriously; male therapists' ideas, behaviors, and progress valued above those of women (p 45).

Reid, McDaniel, Donaldson, and Tollers (1987) are advocates for open discussions about gender in supervision.

We think both male and female supervisors may experience more effectiveness if they openly discuss gender issues with their trainees....We believe it is an ongoing, challenging process for a supervisor to understand the impact of gender issues on the training process and to experiment

with ways to change our own behavior to facilitate trainees' increased authority and competence (p. 164).

The discussion of gender issues needs to occur between supervisors to increase awareness of gender as well as between supervisor and supervisee. More research is needed to learn specific areas for gender work in supervision. The field is presently devoid of this kind of work.

The remainder of this section will focus on selected gender aspects of the supervisory relationship.

Development and Socialization

There is general agreement that females are treated differently in terms of development and socialization than are males (Chodorow, 1978; Dinnerstein, 1976; Gilligan, 1982; Goldner, 1985; Gould, 1983; Keller, 1985; Miller, 1976). Understanding these differences can have a positive effect on both same and different gender relationships in supervision.

The female child develops into a woman with a sense of connectedness and comfort with relational skills. Attachment is not perceived as a dependency problem for women, but rather a basic functioning. Identity with the mother is the basis for the capacity to experience the needs and feelings of others (Chodorow, 1978). Women continue to experience themselves "as involved with issues of merging and separation" (Gould, 1983). Separation and individuation are not critically tied to gender identity. Women are less estranged than are men from the nurturing function and,

therefore, less threatened as it is naturally withdrawn (Dinnerstein, 1976).

Males develop with a sense of separation and rationality. They see attachment as dependency and tend to avoid relationships that might create that condition. Males deny mother identification and seek out the father who represents autonomy, instrumentality, and separation (Chodorow, 1978). Separation and individuation are necessary to establish a sense of self and to consolidate male gender identity (Keller, 1986). However, in this separation, men often re-experience the helplessness of infancy (Dinnerstein, 1976).

There are also differences in the way females and males interact with their environment. Maccoby and Jacklin (1974) found, in a review of over 2,000 articles, that there are no intellectual differences between males and females. There were some differences in the use of that intellect. Females tend to be creative and verbal while males are visually and spatially oriented thus being facile with mathematics. Men's aggression is expressed physically while women's is expressed verbally. Learning is accomplished differently by males and females (Skjei, 1981). Women learn in a communicative mode; they ask questions; they conform to norms in learning; they use their interpersonal skills; they are sensitive to voice and facial modulations. Men are curious and depend on active exploration in learning; they manipulate what they encounter; they tend to approach and dissemble. These differences in

the use of intellect are especially relevant to the process of learning in a cross gender relationship.

The differences in development and learning are further influenced by the socialization process. Both men and women grow up in a gendered social arrangement called the family. In our western culture, women tend to emerge with permeable psychological boundaries, identities dependent on other people, high capacity for empathy, and the risk of losing a sense of self. Men tend to emerge with rigid psychological boundaries, fears of engulfment, a rejection of dependency needs, low capacity for empathy, and an ability to think for themselves. "...Men and women emerge as psychological reciprocals and both are psychologically hobbled" (Goldner, 1985, p. 21).

Our western society, waiting for the emerging young adult, is gendered and reinforces the patterns learned in the family. The result is limited access of the characteristics of one gender to those of the other gender. Frequently children, particularly boys, are punished for behaving like the opposite gender. Pleck (1981) states that socialization among boys is reinforced more by punishment of feminine behavior than by reward for masculine behavior. Mothers tend to be the punishers for this behavior and subsequently are the target of their son's hostility which then becomes generalized toward all women. There is no corresponding punishment by fathers for girls who exhibit masculine behavior. Often, male oriented behaviors, such as

participation in sports or assertiveness, are rewarded by the father. A change comes in adulthood when women are subtly and surely discouraged from doing what men do. Male society, in general, "recognizes as activity only what men do. And if women somehow manage to do what men do, they are strongly, even violently, opposed" (Miller, 1976).

Women learn to deal with their place in the patriarchy in a manner similar to other second class groups. They receive and accept dual socialization. "In order to survive, women as subordinates attend to many seemingly insignificant aspects of behavior, which we call 'women's intuition'" (Hare-Mustin, 1987). Men do not need to know how women function in order to survive in this society.

It is important that the supervisory relationship refrain from reinforcing these developmental and socialization biases. If the bias is examined in the context of the relationship, it is unlikely that it will be passed on to the client family. The concept of parallel process is at the root of this dynamic. Liddle and Saba (1983) approach this idea from the other direction, noting, that when a supervisor can't break a pattern of interaction between the supervisee and the family, that pattern will be replicated between the supervisor and the supervisee. In the context of parallel process, this concept can be transposed to say that if a pattern of bias is examined in the supervisory relationship, it will also be examined in the supervisee/client relationship.

Autonomy and Relationship

A major difference in male and female characteristics is in the area of autonomy and relationship. Male adult functioning is best accomplished through a sense of autonomy while female adult functioning is best accomplished through a sense of relationship (Gilligan, 1982; Gould, 1983; Hare-Mustin and Maracek, 1986; Keller, 1985; Miller, 1976; Skjei, 1981). As noted in the preceding section, this difference is attributed to development in which males need to separate from the mother in order to establish gender identity while females can stay connected to the mother without compromising gender identity (Chodorow, 1979). Cross-gender interactions meet resistance when autonomy is expressed by the male and when relationship needs are expressed by the female.

Communication between women and men may be impeded by this difference, Gilligan (1992) says that voices of women are embedded in connectedness with others; they think contextually and narratively; they use relationships when making judgements. Voices of men are individual; they think in abstracts and formalities; they use closeness to perfection to make judgements. Gould (1983) defines the rational female and the rational male in different ways. The rational female values the ability to empathize and "connect" with others. She wants to learn ways to take the role of others in relationships. She experiences difficulty when there is too little connection with a particular other. Her self identity is not particularly associated with her gender

identity. The rational male values the ability to separate himself from others and to make decisions independent of what others may think. He wants to learn ways to be the generalized other. He experiences difficulty with too much intimacy or connectedness. His self identity is connected to his gender identity. Women's relational rationality is foreign to men and men's objectifying rationality is foreign to women (pp. 52-53). The paradox of men is that they find both comfort and loneliness in separation; the paradox of women is they find both pleasure and danger in merging (Keller, 1985).

These differences are found in the definitions of mental health for men and women (Broverman et al, 1970; Rabkin, 1977; Hare-Mustin and Maracek, 1986). There is little dispute that psychiatry was developed by men and therefore, mental health is defined from a male point of view. Hare-Mustin (1987) states that psychoanalysis was concerned with women as patients and questions whether its practice could have survived without the unhappiness and discontent of women. The Broverman (1970) study found that clinicians ratings "for healthy women differ from healthy men by being more submissive, less competitive, less adventurous, more excitable in minor crisis, having their feelings more easily hurt, being more emotional, more conceited about their appearance, less objective, and disliking math and science" (p. 4). These are negative connotations that make the female seem less healthy than the male. Rabkin (1977) believes

there are lower standards for the emotional health of women than men. According to Hare-Mustin and Maracek (1986), mental health for men connotes autonomy and instrumentality and for women connotes nurturance and expressiveness. It is the former definition that is more socially valued and encouraged by therapists. By continuing to accept autonomy as the desired outcome, we are advocating a male model of mental health.

The differences in autonomous and relationship oriented behavior are likely to be manifested in the cross gender supervisory relationship. In the same gender relationship, the differences are likely to be unnoticed. Women may become involved in the relationship and not push for autonomy; men may be so concerned about autonomy that the relationship is ignored.

Power

The supervisory relationship carries power dynamics within its structure. The supervisor is definitionally and hierarchically more powerful than the supervisee. In same gender constellations, the power of the supervisor lies mainly within the supervisory role; in different gender constellations, power dynamics become more complex. It is not only the power of the supervisory role, but the power of the gender role that affects behavior.

In the present social system, men are assumed to have and to be granted more power than women. To proceed with this assumption in a cross gender relationship where one

person is more powerful than the other by definition is apt to create problems. There is agreement that women have more power in relation to men than they think they have (Goldner, 1985; Miller, 1976; Pittman, 1985; Pleck, 1981; Rich, 1984). Much of this power of women in relation to men seems to come from men's fear of women. Doyle (1983) says that male dominance is a response to life threatening social and environmental conditions, to a deep-seated fear of women and is an avoidance of feminine identification (p. 66). A way men can deal with this fear is male bonding that consciously and emotionally excludes women (Tiger, 1969, p. 144). Men also seek to restrict and control the fantasized power of women and try to avoid or eliminate situations where they could become subordinate to women (Pleck, 1981). Chodorow (1979) and Dinnerstein (1976) also discuss the fear of women and see it as a result of childhood helplessness in relating to the mother. Hare-Mustin (1987) adds an especially pertinent insight for family therapists. "It has been suggested that those who fear mothers may become family therapists so they can control mothers" (p. 18). This may be relevant for women who are family therapists as well as for men! Fear of women is a dominate concept in the literature written by both men and women about men.

Power between genders is complementary and interactive. MacKinnon and Miller (1987) quote Humberto Maturana. "Power, he stated, is created by submission" (p. 144). In group terms, women are seen as the submissive group, men the

dominate group, therefore giving men more power. On an individual level, this dynamic can be explored by the female and male involved. The complementary aspect of this view of power issues between genders is offered by Pittman (1985) who says that women have more power over men than they seem to realize. It is women who give power to men. Women need to empower themselves, not expect men to empower them (p. 32). This is a questionable theoretical argument, as it is difficult to understand how women can empower themselves if men (the dominate group) don't accept that power. Miller (1876) responds: "...Women's direct use of their own powers in their own interests frequently brings a severely negative reaction from the man. That in itself has often been enough to dissuade a member of a dependent group from using her own power directly...the effective use of their own power means they are wrong, even destructive." (p. 120).

Rich (1984) also discusses women's power and their reluctance to use it. "...we have experienced men's power as oppression; we have experienced our own vitality and independence as somehow threatening to men; and, even when behaving with 'feminine' passivity, we have been made aware of masculine fantasies of our own potential destructiveness" (p. 71). These ideas blend into Gilligan's (1982) concept of women being relational; they will avoid exercising power in order to maintain the relationship while the rational male is left confused and wondering about this so called assertive woman.

Hare-Mustin (1987) points out glaring omissions in family therapy theory in relation to gender issues. "The uncritical use of gender role concepts supports power differences between men and women and ignores the complexities and commonalities of human experience. The failure of family therapy theory to deal with gender issues needs to be addressed if a theory that is not just 'more of the same' is to be developed" (p. 15). This is not relevant to the practice of therapy alone; it is also imperative for the supervisory process to develop in a similar manner. Munson (1987) addresses power when the female is the supervisee. He states that power relationships might be reversed when the female supervisee gives the supervisor insight about a female client. He does not discuss what might occur if the supervisor is female and the male supervisee gives her insight about a male client. Does this mean that women know men so well that there is nothing a male supervisee could tell a female? Does it mean that power doesn't change when the supervisor is a female or didn't she have any power at the outset of the relationship? The statement would carry more weight if the issue of power was also addressed when a male is the supervisee.

Power is central to the supervisory relationship. In same gender male relationships, there may be a struggle for power and a lack of attention to women's orientation to power. In same gender female relationships, there may be tentative uses of power and fear of damaging the relationship

if power is outwardly expressed. In cross gender relationships, each gender seems to have some fears of the qualities of the other. If stereotypes and group level interpretations are followed, the pattern will not change. It is necessary for the more powerful person, male or female, in the relationship to discuss power issues and how they affect the supervisory process.

Gender Roles

Both men and women come to the supervisory relationship with a set of expectations about the process, the supervisor and supervisee, the outcome, and other factors affecting the work. Gender is one of those factors. Same gender relationships have the roles of gender attached as do cross gender relationships. Therefore, gender roles impact on supervision whether the relationship is same or cross gender.

Moulton and Rainone (1983) define and discuss roles in relation to gender. They state, at the outset, that: "All roles restrict freedom" (p. 190). At the same time, roles provide stability and a way to understand their accompanying behavior. For a role to exist, there must be expectations and/or standards about the behavior accompanying that role. Roles tend to be characterized more by those expectations and standards than by the way people actually behave. Even when the expectations are unrealistic, they still characterize the role. Often, penalties and rewards are given in accordance with how a performance measures up to the role expectations. Basow (1986) concurs, stating that roles "may also refer to

society's evaluation of behavior as masculine or feminine" (p. 23) so it is not how a person acts but how those actions are evaluated. Roles need to be discarded, to some degree, in order to see the person. Because they are so embedded, the effects of gender roles are likely to be extremely difficult to discard, especially in a situation such as supervision in which evaluation is a necessary aspect.

There are defined roles for both women and men. Some behaviors characterizing the roles of women include nurturance, self-disclosure, lack of firmness, high verbal capacity, taking things personally, feeling hurt, dependence, contextual thinking, being relational, submissive, non-competitive, and subjective (Avis, 1985; Gilligan, 1982; Maccoby and Jacklin, 1974; Orlinsky and Howard, 1976; Reid et. al., 1987). Some behaviors characterizing men's roles include achievement oriented, autonomy, abstract thinking, principled, dominance, physical action, deny feelings, competitive, and adventurous (Avis, 1985; Doyle, 1983; Gilligan, 1982; Goldberg, 1976; Ipsaro, 1986; Kaplan, 1985; Maccobuy and Jacklin, 1974; Orlinsky and Howard, 1976). These characteristics tend to be in the extreme and stereotypical. However, they are the behaviors that men and women are likely to expect from each other. Those expectations tend to be limiting and often restrict the behavior of one gender in relation to the other.

There are ways to understand and, subsequently, escape the trap of stereotyping gender roles. It is important to

remember that roles are largely based on perception of behavior rather than on actual behavior. Jean Baker Miller (1976), looking at women's roles, says: "There is widespread concern about our inability to organize the fruits of technology toward human ends; it is, perhaps, the central problem of the dominant culture. But human ends have been traditionally assigned to women; indeed, women's lives have been principally occupied with them" (p. 24). In a later section of the same chapter, she speaks to the male side of this issue. "I would like to suggest that men struggle not against identification with the female per se in a concrete sense, but that men do indeed struggle to reclaim the very parts of their own experience that they have delegated to women. Men, I think, would enjoy great comfort and growth in being able more fully to integrate and reintegrate these parts of themselves" (p. 46). Conversely, women may need to go through a similar process of integrating and reintegrating the parts of their own experience that they have delegated to men. The supervisory relationship, at the onset, needs to take account of this integration process to decrease the effects of role stereotyping. Keller (1985) states that gender roles are learned early in life. "Children of both sexes learn essentially the same set of ideas about characteristics of male and female. How they then make use of these ideas in the development of their gender identity as male and female is another question. The relation between the sexual stereotypes we believe in and our actual

experience and even observation of gender is a complex one" (pp. 87-88). Reality, as it emerges, is constructed by our beliefs. Therefore, it is crucial to understand how that belief system influences our definition of reality and how our perception of reality can alter our belief systems. This process occurs in supervision and in relationships with the client family.

The reciprocal and interdependent interactions between men and women affect and are affected by gender roles. Gerson and Peiss (1985) view gender roles as a set "of socially constructed relationships which are produced and reproduced through people's actions" (p. 327). These authors warn feminist scholars to avoid "analyzing men as one-dimensional, omnipotent oppressors" (p. 327) and see male behavior as arising from interaction with women that is sometimes controlling and sometimes cooperative. If they were more familiar with the feminist family therapy literature, they would realize that these feminist scholars see multiple dimensions to men and view oppression as a part of the wider social structure. In supervision, reciprocal behavior is obviously relevant to cross gender arrangements, but it has significance for same gender arrangements as well. Men are not immune from seeing women as one-dimensional and subtle oppressors. That each gender may feel this way could be ignored in same gender relationships and the client might suffer from that oversight. Same gender supervisory pairs

must seek out theories and understandings of the other gender.

There is some literature that deals with gender roles in relation to men and women in therapy (Avis, 1985; Davis, 1985; Goldner, 1985; Hare-Mustin, 1987; Ipsaro, 1986; Kaplan, 1985; Libow, 1985; Pittman, 1985; Reid et al., 1987). Avis (1985), in an article discussing the political aspects of therapy is somewhat dispiriting in her views of the roles of both men and women. In families, women are seen as "sexual and emotional service stations for men and children (p. 130). Men expect nurturance and their primary role is to provide economically for the family. This allows men the ability to achieve and be autonomous, but it also encourages the creation of distance from the family. Within the family, women often lack sufficient firmness and authority; men often lack sufficient empathy and gentleness. If these patterns exist in a family, from whence we all come, they are likely to exist in supervision. If supervisors see these dynamics in the family, they would be wise to be alert and examine their supervisory relationships for similar patterns.

Goldner (1985a) questions and examines how family therapy theory deals with gender roles. It is somewhat disturbing that this questioning has been asked only to a small degree by clinicians and not at all by supervisors. She says: "...the category of gender remains essentially invisible in the conceptualizations of family therapists (p. 34). Gender roles became more fixed as two separate gendered

spheres grew out of the disintegration of the preindustrial family -- the private sphere is presided over by women, the public sphere is presided over by men. This equated women with home and men with the outside world thus producing gendered roles associated with men and women. "The two spheres, therefore, were not only separate, they were also unequal. And it is this fact, still true and still secret, that complicates the relationship between parents and children and between families and family therapists" (p. 36). The same principle complicates relations between supervisors and supervisees who operate with this set of social arrangements and role constructs.

Both supervisor and supervisee bring gender stereotypes to the relationship. The actual behavior of each has less meaning for the process than do the expectations. There are expectations and preconceptions in same and cross gender supervisory relationships. In either case, supervisors and supervisees need to overcome the stereotypes and see the other person as a more fully integrated human being.

Intimacy and Friendship

The issue of sexual relationships, attraction or intimacy, between therapist and client has received some attention (Maracek and Johnson, 1980; Pope, Keith-Spiegel, and Tabacnick, 1986). Surprisingly, this issue has also been studied where trainees and supervisors are concerned (Glaser and Thorpe, 1986; Maracek and Johnson, 1977; Munson, 1987; Pope, Levinson, and Schover, (1979). In an article

identifying the aspects of supervision that may influence the process, Dodds (1986) sees personality conflicts responsible for 50% of the problems. However, he does not mention gender or sexual attraction as possibly being one of those personality problems. This seems a striking oversight.

Pope, Keith-Spiegel and Tabachnick (1986) consider transference and countertransference responsible for attraction between client and therapist. Although they don't address supervision, there is the very real possibility that the same process could occur between supervisor and supervisee. In their research, the authors discovered that most training programs don't deal with attractions between therapists and clients, supervisors and trainees, or trainees with other trainees. Not to deal with these relationships when they exist only serves to have a detrimental effect on clients as well as other trainees and colleagues. In another study, Pope, Levinson and Schover (1979) did a national survey to determine the existence of sexual intimacy in psychology training programs. They discovered that 10% of students had sexual relations with teachers and supervisors. Of recent female graduates, one out of four had engaged in those kinds of sexual relationships. There was too small a sample of men who engaged in sexual relationships with supervisors or educators to be significant. There was no explanation as to why the sample of men was so small compared to that of women. It is likely that there were more male supervisors or perhaps women supervisors are less likely to

engage in sexual relationships with students that are men supervisors. One can only wonder what kind of modeling this provides for future therapists and supervisors. Some trainees stated that they sought counseling to help deal with sexual feelings toward supervisors. Pope, Keith-Spiegel, and Tabacnick (1986) made several recommendations for students attracted to clients in psychology training programs and they are relevant to family therapy training and supervision. They suggest honest, serious discussions about sexual attractions, making sexual issues and sexuality a part of the curriculum, inclusion of research on the area of sexual attraction to clients and supervisors, and the provision of a safe environment for the acknowledgement of these feelings. Much of this work is incumbent on the supervisors and educators and not on the students, who are in a subordinate role and may be doubly so if they are women.

Glaser and Thorpe (1986) are even more specific about the amount of intimacy between trainees and faculty. Their sample consisted of all female members of APA Division 12 in 1983 for an n of 1,047. Women were selected rather than men as a follow-up to the results of the Pope, Levinson and Schover (1979) study cited above. Each subject was mailed a questionnaire which yielded a 44% return rate. Of the respondents, 17% reported some sort of sexual involvement with faculty. When asked about the degree to which sexual issues within supervision were discussed with supervisors, the responses were as follows: 3% - thorough discussion, 9%

- some discussion, 88% - no discussion. When sex with clients was the issue, the response changed as follows: 22% - thorough discussion, 45% - some discussion, 33% - no discussion. Gender of faculty or supervisor is not identified in the study, but the assumption is that they are male. Homosexual alliances are not identified. The American Psychological Association Task Force as reported by Maracek and Johnson (1980) notes that female psychologists find sex between client and therapist more exploitative than do male psychologists. They also report that few supervisors intervene when trainees or colleagues are engaged in such practices.

Bunker and Seashore (1983) in "Men and Women at Work", view seduction as a special case of collusion between men and women. Men think women will be seductive and women think men want them to be seductive while neither gender particularly wants that behavior as an aspect of the relationship. They also see a difference in the notion of friendship for men and women. Women, more so than men, are raised to develop close personal relationships. Men's relationships tend toward camaraderie while women's relationships tend to include more personal exploration. Women can have close personal relationships and not have sex involved; men tend to connect sex with close personal relationships. This has relevance in cross gender supervision where men and women give different interpretations to the behaviors exhibited in the relationship.

All of these findings and observations give added emphasis to the need for open discussion between supervisor and supervisee in this area. If a discussion about how to deal with feelings of attraction, should they exist, is left out of the supervisory process, it will be omitted in regard to the client system as well. This discussion should not be limited to cross gender configurations, but should occur in same gender relationships. Homosexual attraction should be given the same serious consideration as are heterosexual attractions. The avenue must be open at the beginning of supervision for talking about attractions within the relationship as well as toward clients or colleagues. This is a difficult subject to broach, but one that has great and, often, hidden impact on teaching, supervision, and therapy.

Feminism

The preceding section reviews the literature with respect to gender in five relational areas. Each of these areas has bearing on the supervisory relationship. One movement that, in the past twenty years, has had tremendous effect on our opinions and views of gender relations is the feminist movement. No review relating gender and family therapy supervision would be complete without reference to feminist literature.

Some family therapists have defined feminism. (Carter, 1986; Wheeler, Avis, Miller and Chaney, 1986). Others have put feminism in perspective with therapy and the larger social system (Goldner, 1985; Hare-Mustin, 1987; Taggart,

1985). Another group questions the use of neutrality as an intervention, claiming that it maintains the patriarchy (Hare-Mustin, 1987, McKinnon and Miller, 1987, Riche, 1984). Only Munson (1987) and Wheeler et al (1986) relate feminism to supervision.

Carter (1986) defines feminism as follows:

Feminism is a humanistic framework that examines the roles and rules that structure male-female interactions. This framework is used to critically analyze traditional (patriarchal) social systems and to evaluate and describe their effect on the lives of men and women (p. 21)

She believes that therapists who reject feminist issues offer tacit support to sexist values. Feminist thinking is a part of the wider social system and impacts on families and on men. Wheeler et al (1986) also define feminism:

Feminism - a process that begins with the recognition of the inferior status of women, proceeds to an analysis of the specific forms and causes of that inequality, makes recommendations for strategies of change, and eventually leads to a recognition and validation of women's realities, women's interpretations and women's contributions (p. 53).

The authors believe that this definition should be incorporated in the training of family therapists.

A supervisor, male or female, who is unaware of these views is likely to provide supervision that is sexist. Male and female supervisees should have the opportunity to understand feminism and its impact on families as well as on the supervisory process itself.

Goodrich, et al. (1988) have written about feminism in relation to therapy. Their ideas can be applied to

supervision as it is the supervisor who is aiding the supervisee in becoming a therapist who will eventually practice therapy that affects women and men and their relationships.

The therapist is a product of the same wider system that produced the family and, in supervision, the supervisor and supervisee are products of the same wider system. Taggart (1987), in discussing epistemological development, says that the family cannot be changed without considering the social context. "Whereas pure systems appear to exist only in the context of the constructor's theory, families exist in the context of a fully human way of life. But that form of life which constitutes the family also frames the family therapist. If theorists/practitioners view themselves as unaffected by their location within the broad social contexts defining their behavior, they can do little else than create the family in their own image" (p. 119). Just as "the therapist-family system is a systemic combining of components which takes place in the context of the human form of life" (p. 121), so is the supervisory relationship. There is no pure supervisory model and the supervisor must be included as a person in the process. The values of the supervisor will be transmitted to the supervisee. Through open exploration, differences in values can be discovered and worked through thus avoiding the creation of a new therapist in the supervisor's own image. It is interesting that this issue should arise in a discussion of feminism. When attitudes are

questioned in one area, other areas tend to become available for analysis.

Hare-Mustin (1987) also gives attention to the development of theory and the place for feminist views in that process. Her call for change includes, as does Carter's (1986), men as well as women and society. "Feminism is futurist in calling for social change and changes in both men and women" (p. 15). Supervisors need to bear in mind that not only one gender or one social system must change in the direction of gender awareness, but both genders and all systems. An important contribution to understanding prejudice between groups, gender being a group, is made by Hare-Mustin. She defines two kinds of prejudice, alpha and beta. Alpha prejudice, prevalent in psychodynamic theories, exaggerates differences between groups. Beta prejudice, prevalent in systemic theories, ignores the differences between groups. In this case, gender differences in the family are ignored and thus supported by the model (pp. 18-21). The isomorphic process brings this same dynamic into supervision. A systemic supervisor may try to ignore gender differences in the supervisory process, and in the family, ultimately hoping to establish a neutral stance.

Neutrality, as an intervention and as a therapeutic stance that can be practiced from a feminist point of view, has been questioned by several authors. Riche (1984) emphatically states that there is no politically value free therapy. By not challenging the oppressive social structure,

we implicitly support it. "To claim, as some feminists do, that the therapist should not direct the course of therapy strikes me as naive, if not irresponsible" (p. 43). It is not so much what the therapist or supervisor should do, but more what is realistically possible. Can a responsible supervisor actually hide values in relation to gender or any other characteristic? The likelihood of values showing covertly, if they are not made overt, is very high.

McKinnon and Miller (1987) question therapeutic neutrality where gender is concerned. They, and others, agree that interviewing methodology may represent a class and gender bias. Theories like the Milan Model, which are more interested in information than in expression, have a male orientation toward problem solving. Several of the theories that inform therapists' clinical practice are inherently androcentric. Attempts at remaining neutral are alignments with the status quo which implicitly benefits men more than it does women (p. 148). The same theories that inform therapists, inform supervisors. By not challenging gender in the supervisory process, a pattern is established for not doing so with the client system. Neutrality that is practiced pragmatically rather than as a theoretical stance (Lax, 1988) is detrimental in supervision because it seems to ignore differences there as well as in therapeutic sessions. However, if neutrality is viewed as a therapeutic stance that is used to inform the therapist and to construct the clients'

version of reality, then it is consistent with feminists ideas of both therapy and supervision.

Feminism is a part of supervision literature. Munson (1987) says of supervision in regard to feminist therapy, "The supervisor must give the practitioner the opportunity to explore the philosophy of practice and how it is manifested in what the practitioner does with the client" (p. 237). He also touches the heart of a debate that is sure to occur with greater frequency as gender receives more attention. "There is debate on whether men should treat female clients; there is disagreement on whether the supervisor of a feminist practitioner should necessarily be a woman and whether men are capable of a feminist perspective." This sort of debate seems to increase the distance between men and women rather than attempting to enhance the understanding between the genders. On the other hand, the debate may be important to keep the issues alive rather than suppress them. Discerning the costs and benefits of these types of supervisory arrangements would be more profitable to the field. "Another issue is the advisability of feminist therapists treating men" (p. 238). Each of these issues is relevant to supervision, not just feminism, and to gender differences as well. An interesting point raised by Munson is that few men have been supervised by women due to a lack of women supervisors in the field. This is changing, but it has created a group of male supervisors with little exposure to women professionals. "Male supervisors of women also are

most likely inadequately prepared and unsuspecting of many of the relevant practice issues because of their own lack of exposure to female supervisors or feminist issues" (p. 238). He also notes that all women supervisors are not proponents of feminism. "It is unrealistic to expect that because the supervisor is a women, she will necessarily accept, understand, and advocate a feminist view" (p. 238). It is important that members of the same gender group recognize differences within their own group and use those differences to understand the impact of gender issues on supervision.

Wheeler et al (1986) propose a training model that takes account of a feminist orientation. Their goals are to develop a therapist who has a "commitment to recognize the unique problems women face as a result of their socialization, and a commitment to change that will benefit women" and to change the family so men and women can participate, if they choose, in the family cooperatively as equal and intimate partners (p. 56). In this model, the teaching and understanding of power and gender is done by example as well as by theory. The implication is that supervisors and trainers must themselves understand gender dynamics and practice supervision in a way that demonstrates this understanding.

The impact of feminism on supervision in family therapy cannot be overlooked by either men or women in the field. The needs of women as professionals and as clients will continue to receive attention now and in the future.

Summary

Historically, men have been more connected with negotiating the outer world of work and business while women have been more connected with negotiating the inner world of the family and relationships. As women pushed the boundaries and functioned in both worlds, men continued to be largely connected with the outer world. However, they moved to higher positions in their work, while women moved into the lower and less financially lucrative positions. This pattern is paralleled in Family Therapy where there are many women therapists while the leadership is largely male. Women have contributed to the field, but they have remained essentially invisible and unrecognized in leadership and administration. Women tend to the inner world of family therapy and men negotiate and work in, and with, the outer world.

This is an area requiring increased attention. Those in administrative positions, filled mostly by men, need to recognize and accept the work of women in the field. Only if they lend their voices to the advocacy of women as researchers, theoreticians, administrators, and supervisors will a more equitable gender balance be achieved in our field.

In the supervisory relationship, men tend to be task oriented and confrontational while women tend to be relationship oriented and nurturing. These qualities provide a basis for some general expectations about the dynamics of the supervisory process. These are major differences that

set the tone of supervision. They affect communication, both digital and analogic, and understanding between the supervisor and supervisee. Effective communication is essential for effective supervision. This is an area where further research is needed to determine the extent and nature of these gender differences on the supervisory relationship.

In the literature review, five areas relating to gender have been identified. Each area will be considered with attention to the most relevant points and potential for further research.

1. Development and socialization

Women develop with a sense of connectedness the comfort about their relationship skills. They do not perceive these characteristics as dependency, but as part of their basic functioning. When they face separation and individuation, it is not tied to establishing and maintaining gender identity. Men develop with a sense of separateness and with comfort about their rationality. They perceive attachments as dependency. Separation and individuation are necessary to establish and maintain gender identity.

Women learn by questioning and using interpersonal skills. They are sensitive to nuances, responding to voice and facial expressions. Men learn by approaching and dissembling. They manipulate their environment rather than let it use them.

Women have learned to accept and live with dual socialization. They need to know how men function in order

to survive in a patriarchal society. Men do not need this knowledge about women. They are the patriarchy and can manage well with male socialization alone.

The differences in development and socialization between women and men have relevance to supervision. While obvious impediments may arise in cross gender supervision, more subtle impediments related to these differences may be uncovered in same gender supervision. How do these differences affect supervision and, in practice, how are the differences manifested? Particular attention should be given to the connection of gender identity to individuation. What is the impact of gender identity on the supervisory relationship and does it have an effect on the client family? As supervision should be considered a learning process, then it follows that more research is needed in relation to the learning style differences of women and men. How can the differences be utilized in supervision? Dual socialization in itself may have little influence on supervision, but it should be considered as a part of any future research.

2. Autonomy and relationship

Adult female functioning is best accomplished within the context of relationships. Adult male functioning is best accomplished in autonomous situations. This is consistent with the patterns of development in both men and women. Women's communication is embedded in connectedness. It is contextual and narrative in nature. Men's communication is

embedded in separating self from others and in making independent decisions.

Ideas of "good" mental health are derived from the male models of functioning and communication. This model of autonomy and instrumentality is applied to women as well as to men. It persists in spite of the fact that women are comfortable and mentally healthy when they behave expressively and in nurturing relationships.

Research in supervision needs to look at the effect of the differences between autonomous male functioning and relationship oriented functioning. How do these differences impede or enhance the supervisory process? Does the male model of mental health influence supervisor's (both male and female) attitudes about female supervisees? Determining a model of mental health that is suitable to both men and women may be a first step. What is the effect of the communication differences between men and women? Do the differences affect same gender relationships or only cross gender relationships? Is both the content and the process of supervision influenced by different communication styles? Attention should be given to the nature of communication in both same and cross gender supervisory relationships.

3. Power

Power differences are inherent in the supervisory relationship. By definition, the supervisor is in the higher position in the hierarchy. More potential for difficulty seems to exist when the supervisor is a woman and the

supervisee is a man. This dynamic is negatively influenced by the assumption that men have or are granted more power in a relationship than are women. Even though women may have more power in relation to men than they realize, they are often afraid to use it because of negative reactions from men. Women defer their use of power in the interest of maintaining a relationship. These uses and abuses of power have barely been addressed in models of family therapy and not at all in supervision.

There are many research questions about the gendered use of power in supervision that need answers. What are the power dynamics of the supervisory relationship? How do they change dependent upon the gender of the supervisor and the supervisee? Do women supervisees withhold the use of power to avoid the possible disturbance or destruction of the relationship? How does this affect the client family? Do women supervisors use the power they have or do they defer to male supervisees? How do men relate to men and women to women in terms of power in the supervisory relationship? Power plays a major role in supervision and should be addressed with the gender literature in mind.

4. Gender Roles

Both supervisors and supervisees come to the relationship with expectations about gender roles. Subtle perceptions about gender influences the supervisor's experience of the supervisee's performance. This is affected by gender sameness and gender difference. Stereotypes and

expectations along gender lines affect performance evaluations of supervisees. As in the other relationship areas, attitudes about gender roles are extended to the client family by the supervisory process.

Clear identification of attitudes about gender roles on the part of the supervisor need to be identified. On the other hand, gendered expectations of the supervisee need identification in supervision. How much does the stereotyping of gender roles influence supervision? How are the expectations of female supervisees different for male and female supervisors? How are the expectations of male supervisees different for male and female supervisors? Do male and female supervisees expect different treatment from same and opposite gender supervisors? Learning about gender roles needs to change to encompass a more androgynous view of men and women thus expanding the range of behavior within these roles. The extent to which this is addressed in therapy will influence the extent to which it is addressed in supervision and visa-versa.

5. Intimacy and friendship

Some research has been done on intimacy and sexual attraction between clients and therapists and between supervisors and supervisees. However, even though these issues are of concern, they are rarely discussed in the supervisory process. Problems seem to develop in cross gender supervision due to the different comfort level of men and women in relationships. Women tend to be more

comfortable than men in close personal relationships. Men tend to connect sexual intent with close personal relationships. With these differing attitudes, behavior is likely to be influenced in a way that is negative to both the male and the female.

Further research into gender and supervision should take account of the issues of intimacy and friendship. Does the question of sexual attraction arise and how is it dealt with in the supervisory relationship? Do men and women interpret behaviors in a close professional relationship in different ways? How prevalent is seduction in supervision? To what extent are these kinds of issues discussable both in cross gender and same gender supervision? While these problems tend to be given little attention or are hidden, they do influence the process of supervision, the client family, and the future of both the supervisor and the supervisee.

Feminism

There are questions raised by feminist therapists about traditional models of therapy. Their concerns are that the patriarchy in families is maintained by interventions such as those in the Structural model that call for the father to take over the care of the children and those in the Strategic model that in themselves are power-oriented and manipulative. Neutrality is questioned because no stand is taken to counteract the oppression of women in families.

Because therapists and supervisors are products of the same social system as the client families and tend to follow

models of supervision that are closely related to models of therapy, the same kinds of gender blindness exist in the supervisory relationship. Hare-Mustin's (1987) theory defining Alpha and Beta prejudice provides a potential for exploring differences between groups according to one's model of therapy. In this instance, the groups are women and men, supervisors and supervisees. Her model can be adapted to understanding and using gender differences not only in the therapeutic system, but also in the supervisory system.

Questions of feminist therapists treating men or of male therapists treating women are raised. Supervisors often cannot choose whom they supervise, particularly in a training setting. Therefore, it is not necessarily a question of should this process occur, but rather how it should occur. Learning can be increased when a supervisee has the opportunity to experience input from the opposite gender, but it can also decrease if the difference is so great that it creates undue stress. With understanding on both sides, learning could be enhanced.

Supervisors and trainers of family therapists have a responsibility to be aware of feminist concerns. Feminism is part of our social system and of families. It has much to offer for the humane treatment of people.

There are research questions in the area of feminism and supervision that could be answered. What is the role of feminism in supervision and how can it be incorporated into the supervisory process? To what extent do the models of

therapy and, subsequently, supervision have negative effects on women? Research designs to learn the extent of these effects are yet to be developed. How are we to deal with feminist therapists treating men or male therapists working with women? What are the possible solutions? What of women therapists who are not feminists? Where do they stand on these issues and how do they influence the thinking of those in the field? The impact of feminism on family therapy and supervision is coming into focus, but more concrete research is needed in that area.

To this point, there has been little research reported on gender and supervision. There are ideas presented, models questioned and only one real solution offered - "open discussion" of gender between the supervisor and supervisee. This is necessary, but it is an overworked answer. More research and assessment of gender issues needs to be carried out. From this process, concrete proposals can be constructed and offered to the field.

CHAPTER 4

METHODOLOGY

Introduction

The purpose of this study is to determine the effects of gender similarity and gender differences, as perceived by supervisees, on the supervisory process. This chapter will outline the research question and describe the methods of determining the sample, developing the instrument, gathering the data, and describing the statistical analyses.

To set the context of the more detailed methodological description, a brief overview of the study follows. A sample of supervisees was selected from Marriage and Family Therapy programs and clinical facilities in Connecticut, Massachusetts and Georgia. Each supervisee received the instrument, Supervision Inventory for Family Therapy (SIFFT), which was designed specifically for this research. It has its origins in the five areas identified in the literature review. The major dependent variables are measures of the supervisory relationship as perceived by the supervisee and measured by fixed alternative items in the instrument. The major independent variables are the gender of the supervisor and the gender of the supervisee. A number of other control variables are included to test for alternative explanations for the findings. The major research question is how the gender composition of the supervisory dyad is related to different qualities of a supervisory relationship. Since a multi-dimensional gender difference sensitive instrument is

not available, an initial step toward answering this question was the development of such an instrument.

Supervision Inventory for Family Therapy (SIFFT)

SIFFT is the instrument that is used for collecting the data. It is composed of a series of statements to which Likert Scale responses are made. It includes the following sections: (1) a cover letter; (2) two open-ended questions about supervisor and supervisee behavior, (3) the main body of 84 statements answered on a numbered scale, (4) two open-ended questions about feminism and its "male analogue", (5) demographic information and (6) a description of a method for receiving a report of the results. The ideas behind the development of the inventory and a more extensive description of each of its components follows. (See Appendix B for SIFFT)

Development of the Instrument

There were two major contributing factors to the development of the items: (1) "Gender Relevant Concerns in the Supervisory Process" (Alderfer, 1988) and (2) a class composed of supervisees in their final semester in The Marriage and Family Therapy Department at Southern Connecticut State University.

"Gender Relevant Concerns in the Supervisory Process" is an extensive literature review of gender and supervision. SIFFT consists of five areas of gender characteristics which were identified in that review. Those areas are: (1) development and socialization, (2) autonomy and relationship,

(3) power, (4) gender roles, and (5) intimacy and friendship. The statements in SIFFT were placed in the appropriate category after their development. The content of the statements came from both the review and the class of supervisees. These responses led to the development of an organic instrument (Alderfer and Brown, 1972). Such an instrument takes account of the concerns of the group being researched and uses the language of that group throughout. The respondents are familiar with the content and process of the items and answer with greater assurance than when using a standardized instrument not designed for their group.

The students in this class were in their final semester in a Master's Degree Program in Marriage and Family Therapy. There were nine students who elected to take this advanced course entitled "Supervision of Family Therapy." Five were female and four were male. Although gender was not the primary focus of this class, it was given consideration throughout the course. All of the students were aware of my research interests and were able to note and discuss behavior that they viewed as gender biased in both live supervision and on video tapes.

As a part of the final project, the students were asked to write a paper about their supervisory experiences paying particular attention to the role of gender in that process. The instructions allowed a great deal of freedom for writing the paper. If possible, the paper was to reflect their experiences with both female and male supervisors. They were

asked to report their thoughts, feelings and reactions toward each gender supervisor noting differences and similarities. Any other issues were left to them to raise. They were aware that their papers would contribute to this research. This awareness certainly had an effect on the aspects of gender in supervision the students chose to report.

All of the students except one women wrote about individual supervision. That student wrote about her supervisory group and interviewed each of the five other people in the group. This paper added to the scope of the reactions presented. The responses of all of the students contributed to the development of the SIFFT. A completely detailed report of the contributions of these students is included in "Gender Relevant Concerns in the Supervisory Process" (Alderfer, 1988).

The following set of items is a summary of those responses which are most reflected in the five areas of gender characteristics represented by the preliminary items in SIFFT.

1. These women write more about their male supervisors than they do about their female supervisors and they have more to say, in general, about supervision than do men.

2. These women report that they show a fuller range of behavior to women supervisors than they show to male supervisors. This includes behaving more dependently as well as more independently, more competently as well as less competently, and more affectively as well as less

affectively. They report this is not as experiencing dependence, but more as a sense of freedom in a woman to woman supervisory relationship.

3. Women supervisors are perceived by these women supervisees as expecting autonomy from them. Their female supervisors may have a different definition of autonomy than do their male supervisors and, therefore, different expectations.

4. These women do not give away their power to female supervisors as they give it away to male supervisors. They are more invested in protecting men and doing things that will make their male supervisors "look good."

5. Gender awareness is seen as being raised in a positive manner for these women by their female supervisors. This was not mentioned by these men in relation to female or male supervisors, nor was it mentioned by these women in regard to their male supervisors.

6. These men use action words in relation to their male supervisors; the women use feeling words in relation to their female supervisors.

7. These men tend to see males as the "real supervisors", thus lending credence to the concept that the gender which carries out the work that counts is male.

8. These men wrote more about family of origin issues in relation to female supervisors than to male supervisors. This dynamic seems to have its roots in the re-experiencing of separation in relation to gender identity.

9. These women tend to equate negative aspects of their families of origin to their male supervisors, while the men tend to attribute positive aspects of their families of origin to their female supervisors.

10. The men reported having difficulty hearing their female supervisors or they perceive women as having difficulty making themselves understood to male supervisees. The "different voices" referenced by Carol Gilligan (1982) seem to be operative in this process.

11. Male supervisors are seen as task oriented and autonomous by these women. The women supervisees behave in a way that protects and preserves this behavior. They act less competently than they are. They don't confront their male supervisors. In general, they behave in ways that serve to maintain the male supervisors' position and actions.

12. None of these supervisees indicates an initiation on the part of the supervisor or themselves of a discussion of the role of gender in the supervisory process.

All of these ideas were drawn from the free responses of these supervisees to their own learning and their experiences in supervision.

On the strength of the literature review and the students' reports of their experience, the idea of developing the instrument for studying gender in the supervision of Family Therapy became reality. In the following sections of this chapter, the development and rationale for each individual part of the instrument will be discussed.

Components of the Instrument

The Informed Consent Sheet

The purpose of this letter was (1) to introduce the instrument to the respondents in as non-threatening a way as possible; (2) to inform respondents of the participatory nature of the data collection; and (3) to get the signed consent of each respondent. It provided a brief description of the inventory; it explained the future use of the data; it assured confidentiality; it thanked respondents for their participation and it provided a place for informed consent signatures of the respondents. It was also signed by the researcher.

Two Questions about Supervisor and Supervisee Behavior

The purpose of each of these questions was to encourage the supervisees to think in a concrete way about behavior in the relationship with their supervisors. Respondents were asked to describe the behavior of the supervisor as well as their own behavior in the supervisory situation. With these dynamics in mind, they had a frame of reference for responding to the ensuing items.

The Main Body - 84 Items

All the items except four, which were overall evaluation statements, represented the five gender relevant categories identified in the literature review. These determined the areas of gender that were identified by the author as important to the supervisory process. Each item was developed to represent characteristics of the relevant

category. Items were grouped according to category and assigned a random number from 1 to 84. They were then arranged in numerical order to construct the main body of the instrument.

Development and socialization items focus on connectedness and separation in relation to protection, dependence, and correctness. This category also focused on the effect of a patriarchal arrangement on the process of supervision. Attention was given to the supervisor's place in the patriarchy, in the male dominated hierarchy, and connectedness to lower levels of the profession.

Autonomy and relationship items deal with the process and the quality of the relationship. Emphasis was given to task and process, communication styles, quality and standards of judgment, and climate of the relationship.

Power items focus on the ways that women and men use and respond to power and authority. They reflect differences in behavior of women and men when each had authority, peership, and fears of power.

Gender role items deal with gender awareness and assigned gender roles and characteristics for women and men. These qualities include nurturance, personal concerns, verbal qualities, firmness of views, competition, achievement orientation, and expressiveness.

Intimacy and friendship items focus on sexual issues, attraction, and close relationships. Attraction to supervisor and client and to other trainees was considered.

Negative and positive reactions to supervisors and clients were also emphasized.

Appendix A provides the complete list of items in each of their respective categories.

Open-ended Questions on Feminism and Its "Male Analogue"

The purpose of these questions was to enhance the researcher's understanding of the contextual orientation of the respondents. They also provided a means of learning more about the supervisee's views and opinions about the impact of feminism on supervision.

Demographic Information

The age of the supervisee was important as the social and cultural state of female and male relationships have undergone many changes in the last thirty years.

Differences in responses may have been consistent with differences in age. The number of years in training and supervision may have impacted on the responses.

Identification with a particular professional area may also have influenced the responses. The model of therapy and the model of supervision are likely to be the same, therefore, it may have been possible to relate gender behavior to some models and not to others. Gender differences and similarities were the core of the study and need to be identified. Race of respondent was not requested as the study is based on gender. However, the researcher, a white female, understands that race, class and sexual preference

are additional factors that would have an influence on the outcome of the study.

Receiving Results

People who did not wish to remain anonymous were asked to write their names and addresses on the instrument and will receive the results. Those who did wish to remain anonymous were asked to write to the researcher and request the results be sent to them. This allows everyone to have access to the results.

Data Collection

Contacting Respondents

Several different methods of data collection were used in order to reach the minimum sample size of 100 subjects. The final number of respondents was 101. Each method will be described in the order of return rate beginning with the highest and ending with the lowest rate of return.

1. The researcher set up a time and date to meet with the group of supervisees. Instructions for responding to the instrument were given and people asked questions about the mechanics of the instrument. The researcher waited while responses were written. After completion of the instrument, there was time for discussion. In these cases, the supervisor was not present. This method insured a nearly 100% return rate. In one group, a supervisee decided not to complete the instrument.

2. The researcher set a time and date to meet with the supervision group. Instructions for responding to the

instrument were given and people asked questions about the mechanics of the instrument. The researcher left and agreed to pick up the instruments in a week. In these cases, the supervisor was present and there was no time for discussion after completion of the instrument. The return rate was in the area of 70%. This method depended heavily on a supervisor or a delegated person to remind respondents about the instrument and to collect them for the arranged pick up time. There was a drop in returns in this method as no other person was as committed to getting returns as was the researcher.

3. The researcher arranged a time to speak with the supervisor about the project. The supervisor distributed the instrument and gave the instructions to the supervisees. Either the supervisor or a designated person was responsible for collecting and returning the completed instrument by a prearranged date. The return rate for this method was approximately 35%. There was no contact between the researcher and the respondents thus preventing the formation of any personal opinions on the part of the supervisees. This lack of connection was one factor that may serve to lower the return rate. Another factor was the lack of investment in the project on the part of the supervisor, as well as the presence of the supervisor.

4. After a phone conversation, the researcher mailed a set of instruments to the supervisor with a post paid envelope for the returns. The supervisor distributed the

instrument to the supervisees, collected the completed returns, and sent them back to the researcher by a given time. The return rate was in the area of 25% by this method. There was a definite lack of contact between researcher, supervisor and subjects. There was little control of what was said to the subjects or of the amount of importance given to the research in that setting.

5. After a phone conversation, the researcher mailed a set of instruments to the supervisor who was willing only to ask supervisees to complete them and mail them back on their own. In spite of having self-addressed, stamped envelopes enclosed, many supervisees simply did not return the instrument. The return rate was approximately 15%. The lack of involvement of the researcher and the supervisor in the process of instrument completion was one factor in the low rate of return. Another factor was the extra work required on the part of the respondents to mail back the completed form.

The first method clearly yielded the highest return rate. The inclusion of the researcher allows for a personal relationship which may assuage some of the concerns of providing personal information. The researcher's presence validated the importance of the research and of her commitment to it. The exclusion of the supervisor allowed for more free expression of opinions about that person. If any subject had negative responses about the supervisor, she

or he was more apt to express them if the supervisor was not part of the data collecting process.

The more dependent on the inclusion of other people in the data collection process, the lower the rate of return of completed instruments to the researcher. The conclusion from the preceding set of methods was that the highest rate of returns came when the researcher was most involved with the data collection and the supervisor was not involved.

When the target sample of 100 subjects was reached, the results were analyzed for statistical significance.

Sample

The group which received the primary focus of this study was Marriage and Family Therapy supervisees who were at various stages of their supervisory experience.

The sample selection process began with a phone call, letter, or face to face contact with supervisors of therapists in training or of graduates working in clinical facilities. Those who had supervision groups in either universities, free standing programs, public agencies, or private practice, and who agreed to participate in the research, received a follow-up letter briefly describing the project and their role in it. Times and dates were then arranged, usually by phone, for the administration of the instrument.

The final number of subjects was 101. Approximately 200 instruments were circulated for completion. The shortest time in training was reported to be less than one year and

the longest time in training was reported to be 17 years. The reported range in years of clinical supervision was from less than a year to 20 years. There were 44 respondents in group supervision and 57 respondents in individual supervision. Respondents ranged in age from 23 years old to 60 years old. There were 72 women and 29 men who responded. There were 54 female supervisors and 47 male supervisors represented. Professional identity included 53 family therapists, 15 social workers, 2 psychiatric nurses, 10 psychologists, 3 pastoral counselors, and 1 school counselor. There were 17 people who chose some other professional identity. Structural family therapy was the model of choice for 64 respondents, and Family of Origin for 7 respondents. There were three people who identified with another model of therapy. There were 52 supervisors identified as using the Structural model, 5 supervisors as using the Strategic model, 18 supervisors using the Systemic model, and 9 using the Family of Origin model. There were 15 supervisors who were identified as using some other model of therapy.

Table 1 provides a demographic description of those who responded to SIFFT.

Statistical Analyses

The independent variables in the study were gender of the supervisor in combination with the gender of the supervisee. As a result, there were four possible conditions: female supervisor and female supervisee; female supervisor and male supervisee; male supervisor and female

supervisee; male supervisor and male supervisee. The dependent measures were measures of perception of the relationship between the supervisor and supervisee as seen by the supervisee.

The results of the data collection process described above, allowing for missing data, were unequal samples of the four supervisory constellations. There were 33 female supervisor, female supervisee pairs; there were 26 female supervisor, male supervisee pairs; there were 14 male supervisor, female supervisee pairs, and 13 male supervisor, male supervisee pairs.

The central analysis for determining whether supervisees experienced different qualities, depending on gender, in their relationships with supervisors was a two-way analysis of variance. The gender of the supervisor and the gender of the supervisee were the independent variables and the SIFFT were the dependent variables.

To form scales from items of the SIFFT, a factor analysis of the instrument for the entire sample was performed. I assumed that the underlying factors were moderately correlated with each other and used an oblique factor solution after rotation according to Kaiser normalization. This procedure resulted in three factors which will be described in the next chapter. Scales were formed and these scales became the dependent variables in three two-way analyses of variances.

Table 1 Demographics of Respondents

Number of Years in Training:

0-4 73 5-9 17 Over 10 11

Number of Years in Clinical Supervision:

0-4 72 5-9 20 Over 10 3

Age of Respondent:

20-30	<u>29</u>	31-40	<u>41</u>
41-50	<u>25</u>	51-60	<u>4</u>

Gender of Respondent:

Female 72 Male 29

Professional Identity:

Family Therapist	<u>53</u>	Social Worker	<u>15</u>
Psychiatric Nurse	<u>2</u>	Psychologist	<u>10</u>
Pastoral Counselor	<u>3</u>	School Counselor	<u>1</u>
Other	<u>17</u>		

Choice of Family Therapy Model

Structural	<u>64</u>	Strategic	<u>20</u>
Systemic	<u>6</u>	Family of Origin	<u>7</u>
Other	<u>3</u>		

Table 2 Demographics of Supervisors

Gender of Supervisor

Female 54 Male 47

Supervisors Choice of Family Therapy Model

Structural	<u>52</u>	Strategic	<u>5</u>
Systemic	<u>18</u>	Family of Origin	<u>9</u>
Other	<u>15</u>		

CHAPTER 5

RESULTS AND DISCUSSION

Introduction

The outcomes of this research will be reported in two phases. The first section reports the results of efforts to determine what the Supervision Inventory for Family Therapy scales should represent. The second section reports the results of testing the hypothesis of the relationship between gender and the perception of the supervisory relationship.

Analysis for Scale Development

Tables of factors determined from the principle components of the varimax rotation with Kaiser normalization contain items having loadings above .4 on any single factor. This table is placed in Appendix C. From this process, three factors were identified thus determining the scales used in the analysis. Scale 1 consists of 34 items, Scale 2 consists of 18 items, and Scale 3 consists of 6 items. When items having loadings of .399 and below were eliminated, a total of 58 items remained from the original 84 items.

Scale 1 was labeled "Restrictive Relationship." Items in this scale represent the emotional qualities of the supervisory relationship. They tend to reflect the presence of feelings, often negative and the inability to express those feelings within the context of the relationship. The items show both positive and negative feelings toward the supervisor with the key component being a kind of relationship which restricts the expression of these

feelings. The four items with the highest loadings follow as examples of Scale 1.

Item Number	Item	Factor Loading
23	In this relationship, I can express my positive feelings (caring, attraction, excitement) about my supervisor with relative ease.	-.760
41	My supervisor is humane and caring.	-.757
6	In this relationship, it is difficult to express my positive feelings (caring, attraction, excitement) about my supervisor.	.755
30	I feel inept in this supervisory relationship.	.750

Scale 2 was labeled "Supervisor Not in Charge." In this scale, the items represent the sense of control with which the supervisor conducts the session. Items reflect supervision as something of a struggle in which the authority of the supervisor is questionable. Power, control, and authority are the major components of this scale. The four items with the highest loadings follow as examples of Scale 2.

Item Number	Item	Factor Loading
42	Often I am uncertain whether my supervisor or me is in charge of supervision.	.837
79	There is little doubt that my supervisor is in charge of supervision.	-.746

26	I sometimes feel more powerful than my supervisor.	.713
84	I take the authority of my supervisor seriously.	.641

Scale 3 was labeled "Intimacy Tensions". The items in this scale represent the level of intimacy and sexual tension in the relationship. They reflect a sense of insecurity about personal boundaries in the relationship. the three items with the highest loadings follow as examples of Scale 3.

Item Number	Item	Factor Loading
59	I have a good sense of sexual boundaries with my supervisor.	-.619
54	I am concerned about sexual advances from my supervisor.	.572
83	My supervisor spends more time talking about our relationship than discussing interventions for clients.	.552

Observing these items, as well as the others which comprise the scales, the titles were selected for each scale. The scales are in the order of their decreasing Eigenvalue and the proportion of variance.

These three scales were formed from the factor analysis. For each scale, the internal consistency reliability coefficient was computed. "Restrictive Relationship" has 34 items with a reliability coefficient of .96; "Supervisor Not in Charge" has 18 items with a reliability coefficient of .93; "Intimacy Tensions" has 6 items with a reliability coefficient of .70.

Two scales, "Restrictive Relationship" and "Supervisor Not in Charge" have a reliability coefficient above .90. This is noteworthy in that two scales maintain so high of a reliability.

Table 3 shows the internal consistency reliabilities and the interscale correlations for the SIFFT measures. These findings show that in all instances reliabilities clearly exceed interscale correlations. Thus the most basic criterion of discriminant validity is satisfied. In addition, the observed relationships between the scales taken two at a time are notably less than the maximum validities (that is, the square root of the reliabilities of the separate scales), if any two or all of the scales were measuring the same variable. These maximum validity values are respectively: .95 for scales 1 and 2, .81 for scales 2 and 3, and .82 for scales 1 and 3. Finally, the direction of the pairs of correlations among the scales are consistent with expectations based on Structural family theory, which emphasizes the clarity of boundaries between different levels in family hierarchies.

Recall that the scales measure perceptions of the subordinate -- the therapist in training -- in relation to her or his supervisor. The positive correlation between scales 1 and 2 says that the less the supervisor seems to be in charge, the more restrictive the subordinate experiences their relationship. The positive correlation between scales 2 and 3 says that the more the subordinate experiences

tensions about intimacy, the less the supervisor seems to be in charge. Finally, the positive correlation between scales 1 and 3 says that the more the subordinate experiences the relationship as restrictive, the more intimacy tensions are present. This set of observed relationships provides a measure of construct validity for the scales, because they are consistent with accepted theory.

Analysis for Hypothesis Testing

This section will proceed in three steps. First, the results of the analysis of variance with the gender of the supervisee and the gender of the supervisor as independent variables and the patterns of mean differences among the four groups of supervisor and supervisee as the dependent variable will be presented for Scale 1. Second, the same data will be presented for Scale 2, and third the same data will be presented for Scale 3.

Table 3 Factor Loadings From The Principal Components of the
Varimax Rotation With Kaiser Normalization

Scale 1 - "Restrictive Relationship"

Item Number	Factor 1	Correlation with Factor 2	Factor 3
6N	.755	.156	-.159
9	-.749	.069	-.271
11	-.487	-.316	.350
12N	.419	.126	.186
17	-.541	-.157	-.096
18N	.693	-.008	.214
20N	.679	.090	.019
23	-.760	-.028	.158
24N	.720	.008	.095
28N	.684	-.026	-.039
29	-.571	-.406	.182
30N	.750	.018	.297
33	-.620	-.138	-.091
35	-.683	-.003	.030
36N	.678	-.328	.202
37	-.626	.309	.026
39	-.536	-.136	.220
40N	.557	.358	.114
41	-.757	-.044	-.050
45	-.722	-.086	-.151
47	-.418	-.256	-.344
49	-.693	.089	.032
51	-.711	-.207	-.257
55	-.505	.017	-.096
57	-.582	-.179	-.270
8N	.494	.032	.391
60	-.465	-.316	.065
64N	.707	-.060	-.135
66N	.522	.190	-.187
67	-.736	-.041	-.157
69	-.693	.024	.291
72N	.562	.211	.393
77N	.567	.359	.086
78N	.622	-.227	.275

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Continued

Scale 2 - "Supervisor Not In Charge"

Item Number	Correlation with		
	Factor 1	Factor 2	Factor 3
1	-.363	-.600	-.083
3	-.205	-.532	-.050
5	.028	-.618	.212
7	-.390	-.586	-.159
10N	.079	.631	.273
14N	.396	.530	.142
21	.321	-.618	.120
22N	.117	.601	-.129
26N	-.250	.713	.057
32N	.383	.403	.183
34N	.434	.503	.170
42N	-.150	.837	.115
44N	-.311	.631	.020
52N	.413	.619	.144
71	-.197	.520	.031
79	.137	-.764	-.096
80N	.176	.488	.178
84	.006	-.641	-.161

Continued on next page

Continued

Scale 3 - "Intimacy Tensions"

Item Number	Correlation with		
	Factor 1	Factor 2	Factor 3
16N	-.042	-.091	.386
48N	.106	.362	.451
54N	.154	.077	.572
59	-.031	-.049	-.619
82N	.224	-.035	.540
83N	-.040	-.033	.552
Eigenvalue		23.60	7.39 3.75
Pct. of Variance Acct. For		67.9	21.3 10.8
Cum. Pct.		67.9	89.2 100
Number of Items		34	18 6
Modal Loading		.626	.601 .540

Table 4 Reliability Coefficients and Scale
Intercorrelations for SIFFT

Scale	Number of Items of Items	Reliability Coefficient	Correlation with Scale		
			1	2	3
1. Restrictive Relationship	34	.96	-	.47*	.37*
2. Supervisor Not In Charge	18	.93	-	-	.37*
3. Intimacy Tensions	6	.70	-	-	-
			* p < .001		

Scale 1 "Restrictive Relationship" - ANOVA and Mean Values

A 2x2 analysis of variance with Scale 1, "Restrictive Relationship", as the dependent measure showed no significant interaction or main effect. This may be due to the small sample of male supervisees, 14 with a female supervisor and 13 with a male supervisor. An increase in the male sample, however, may continue the existing trend.

With Scale 1 showing a high degree of reliability, the limited total sample size must be considered to affect the lack of significant results for the mean values. Therefore, the mean differences are given consideration even though they are not presently statistically significant.

Scale 2 "Supervisor Not in Charge" - ANOVA and Mean Values

A 2x2 analysis of variance with Scale 2, "Supervisor Not in Charge" as the dependent measure showed no significant interaction, but did show a significant main effect influenced by the gender of the supervisor.

The mean values indicate that the sense of the supervisor not being in charge of supervision is more common when the supervisor is male than when the supervisor is female. This is true not only when the supervisee is a woman, but also when the supervisee is a man. Whenever the supervisor is male, there is doubt and concern about whether or not the supervisor is in charge of supervision. Whenever the supervisor is female, there is less doubt and concern about whether or not the supervisor is in charge of supervision.

Scale 3 "Intimacy Tensions" - ANOVA and Mean Values

A 2x2 analysis of variance with Scale 3, "Intimacy Tensions" as the dependent measure showed no significant interaction or main effects.

The highest mean value, 12.57, exists when a female is the supervisor and a male is the supervisee. However, the scale has a lower reliability than the other two scales and there is no basis for discussion of these results. To do so may be interpreting random error.

Discussion of Results

The discussion of the results presents factors which may have influenced the outcome of research. The possibility of different outcomes and what might affect these differences can be inferred from this discussion.

Unequal sample size presents a problem in the statistical significance of the results. There is a major difference between the number of male respondents (14 with a female supervisor, 14 with a male supervisor) and the number of female respondents (38 with a female supervisor and 33 with a male supervisor). One explanation for these numbers may be that they are indicative of the gender arrangements of the profession. The lower ranking people tend to be women and even though there are fewer men at the bottom, they tend to rise to the level of supervisor more often than do women.

Table 5 Mean Values and Standard Deviations of the Three Scales for the Four Supervisor-Supervisee Groups

Group	Restrictive Relationship		Supervisor Not in Charge		Intimacy Tensions	
	M	SD	M	SD	M	SD
FSuper/ FSupee	78.67 (n = 33)	19.06	35.36 (n = 38)	10.15	12.03 (n = 39)	4.23
FSuper/ MSupee	81.21 (n = 14)	26.11	38.36 (n = 14)	16.00	12.57 (n = 14)	3.37
MSuper/ FSupee	88.27 (n = 26)	32.94	48.15 (n = 33)	14.45	11.88 (n = 34)	4.23
MSuper/ MSupee	77.08 (n = 13)	15.01	44.36 (n = 14)	19.03	12.07 (n = 14)	1.77
Total n	86		99		101	
Total Mean	81.74 ns		41.55 ss		12.06 ns	

Table 6 Analysis of Variance for "Restrictive Relationship"
as a Function of Supervisor Gender and Supervisee Gender

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif. of F
Main Effects	778.026	2	389.013	.637	ns
Supervisor Gender	355.699	1	355.699	.583	ns
Supervisee Gender	446.300	1	446.300	.731	ns
2-Way Interaction	756.527	1	756.527	1.239	ns
Supervisor Gender/ Supervisee Gender	756.527	1	756.527	1.239	ns
Explained	1534.533	3	511.553	.838	ns
Residual	49460.271	81	610.621		
Total	50994.824	84	607.081		

Table 7 Analysis of Variance for "Supervisor Not in Charge"
as
a Function of Supervisor Gender and Supervisee Gender

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif of F
Main Effects	1427.984	2	713.992	3.492	.035
Supervisor Gender	2.991	1	2.991	.015	ns
Supervisee Gender	1419.575	1	1419.575	6.944	.010
2-Way Interaction	43.727	1	43.727	.214	ns
Supervisor Gender/ Supervisee Gender	43.727	1	43.727	.214	ns
Explained	1471.711	3	490.570	2.40	ns
Residual	16559.984	81	204.444		
Total	18031.694	84	214.663		

Table 8 Analysis of Variance for "Intimacy Tensions" as a Function of Supervisor Gender and Supervisee Gender

Source of Variation	Sum of Squares	DF	Mean Square	F	Signif of F
Main Effects	2.380	2	1.190	0.76	ns
Supervisor Gender	.181	1	.181	.012	ns
Supervisee Gender	2.157	1	2.157	.138	ns
2-Way Interaction	.004	1	.004	.000	ns
Supervisor Gender/ Supervisee Gender	.004	1	.004	.000	ns
Explained	2.384	3	.795	.051	ns
Residual	1264.840	81	15.615		
Total	1267.224	84	15.086		

This is evident by the representation of nearly the same number of male supervisors as of female supervisors in the sample. Another explanation may be that I, the researcher, am a female asking for responses and, in some cases, a female supervisor was asking for responses. We, as women, may have experienced the phenomena of the findings and male supervisees made choices not to respond to the SIFFT. Because of the smaller sample of male supervisees, it less powerful than it might otherwise be and differences, if they exist, are more difficult to detect. In spite of this, I chose to interpret Scale 1 - "Restrictive Relationship" because of its very high reliability of .96. On the other hand, I chose not to interpret Scale 3 - "Intimacy Tensions" because of its relatively low reliability of .70 in addition to the small sample size.

Two highly reliable scales, Scale 1, "Restrictive Relationships" and Scale 2, "Supervisor Not in Charge", were developed from the organic method of questionnaire formation (Alderfer and Brown, 1972).

Scale 1, while not statistically significant, was interpreted due to its high reliability and with the hypothesis that a larger sample of male supervisees would influence the outcome in the direction reported. If this were the case, it would be seen in the interaction effects as relationships that are cross-gender are more restrictive than those that are same gender. Male supervisor and male supervisee relationships appear to be the least restrictive

with a mean of 77.08 as opposed to the most restrictive of male supervisor and female supervisee with a mean of 88.27. These results relate to reports in the organic development of the SIFFT describing same male gender relationships as being "like pals." To function more effectively in these cross-gender supervisory relationships, a greater understanding of intergroup theory (Alderfer, 1983) would enhance the functioning of supervision.

Scale 2 is statistically significant and seems to show that when a male is the supervisor, there is doubt on the part of the supervisee as to who is in charge of supervision. While this is significant with both female and male supervisees, it is more strongly significant when the supervisee is a woman. In these results, the supervisees are more certain about who is in charge when the supervisor is a woman with the most certainty being when both supervisor and supervisee are female. This constellation shows a mean of 35.36. The mean exhibiting the least certainty is 48.15 and is found when the supervisor is a male and the supervisee is female. This violates the general perception of what is found in the literature as well as the stereotype of men taking authority and knowing how to be in charge.

There are some possible reasons for this departure from the literature in these findings. Many respondents adhere to the Structural model of therapy and say that their supervisors also follow this model. Because hierarchy is an important principle of that model, both supervisor and

supervisee are apt to practice behavior consistent with the model. This would be true for women as well as men and if more women are structurally oriented than are men, these results are applicable.

Most of the respondents are family therapists who are familiar with family dynamics - both their own families of origin and their client families. They see the reality of women being in charge of the emotional aspect of the family and, with the present structure of single parent families, in charge of the material aspects as well. These influences may affect the way these respondents view women and carry that over to the supervisory relationship. They expect that the female will be in charge. In reports from those who participated in the development of the SIFFT, mothers were often seen by both men and women as very influential in the direction of their lives. They spoke of mothers' power and authority both positively and negatively. Either way, the feelings of mothers' having control on the respondent's lives was evident. This certainly determined the development of the items, and it may be a microcosm of the profession.

Another factor is that the emotional and empathic aspect of women may make them more suited for supervision than men. This characteristic of women may provide the opportunity for supervisees to allow the female supervisor to be in charge in a way that they will not allow a male to be in charge. It may be less the actual gender of the supervisor and more the expectations of that gender by the supervisee. This is

consistent with female and male role development that suggests that expectations of the gender are more influential in role development than is one's actual behavior (Maccoby and Jacklin, 1974).

Scale 3 is not statistically significant nor as reliable as the other two scales. However, sexual tensions are noted in the literature, particularly in the client-therapist relationship and less so in the supervisor-supervisee relationship. The results need some mention even though they are not interpreted. An understanding of parallel processes (Doerhman, 1976) may shed some light on the greater emphasis placed on the therapist-client relationship. The sexual tensions may actually exist in the supervisor-supervisee relationship and are discussed in the context of therapist-client relationships. The parallel behavior can go either way, but is more easily reported when it is in the relationship outside of supervisory pair. This is probably more likely in cross-gender pairs but may also exist in same gender pairs.

CHAPTER 6

CONCLUSION

Review of the Study

The study of the effects of gender on supervision began by noticing that there seemed to be differences in the way men and women conducted supervision. The nature of these differences was unclear. Using the literature, asking for feedback about supervision from a class of Marriage and Family Therapy students, and developing an instrument to collect data on gender and supervision provided information about these differences. The result, the Supervision Inventory for Family Therapists, is a multi-dimensional instrument that measures the qualitative aspects of a supervisory relationship. There is no currently existing instrument that measures the three domains of supervision identified by the SIFFT. The high reliability of the scales may be attributed to the organic method of development of the SIFFT. Future data collection for replication of the results is recommended.

The Literature

While the literature revealed a growing body of information relating to gender and the therapeutic process, it revealed a lack of information relating to gender and supervision. When literature examining the relationship of gender to supervision did exist, it focused largely on cross gender arrangements and not on same gender pairs. The literature seemed to fall into certain gender related aspects

of the supervisory relationship which were applied to the development of the instrument for data collection in this study.

The "development and socialization" of women and men occurs in different ways for each gender. The expectations for women differ from those for men. These life shaping influences effect all relationships of which supervision is one. Therefore, this seemed to be an area for further investigation. However, this area did not become one of the scales that was a result of the factor analysis.

The way in which women and men behave with respect to their own "autonomy and relationships" shows marked difference. Where women tend to place more value on relationships, men tend to place more value on autonomy. Supervision being a relationship which is moving the supervisee toward autonomy combines these two aspects of gender. Inclusion of these factors in the research seemed important. This area did become a scale called "Restrictive Relationship" and the data were analyzed, but were not statistically significant. However, the reliability of the scale was very high and the findings in this area were interpreted.

"Power" is another aspect of gender relationships that was given attention by the literature. In the supervisory relationship, power issues arise inherently in the role of the supervisor and in the gender role. More specifically, the supervisor is assumed to be in control of supervision and

males are assumed to be more interested in power and control than are women. This aspect of gender and supervision proved to be the most significant in the findings. However, the findings were counter to the literature. There was more uncertainty about who was in charge of supervision - the supervisor or the supervisee - when the supervisor was a man. "Supervisor Not in Charge" is the name of the scale which came from both the literature and the factor analysis.

"Gender Roles" were explored throughout the literature. Expectations of those roles were more influential than actual behavior and affected how women and men performed in gender roles. Expectations of how women and men behave as supervisors influence the process of supervision by keeping gender stereotypes alive. This area did not prove relevant in the factor analysis and thus did not become one of the scales.

The aspect of "intimacy and friendship" was the subject of several articles in the literature and it was alluded to by many others. Issues of sexual attraction and subsequent behavior in the supervisory relationship were found throughout the literature. Overwhelmingly, it was female supervisees who were involved in intimate relationships with male supervisors and little was written about the relationship of male supervisees with their female supervisors. This factor was evident and became the scale named "Intimacy Tensions". There were many fewer items included in this scale than there were in the other two.

While five aspects of gender and supervision were identified by the literature, three aspects actually became scales to be analyzed for the findings.

The literature of supervision will be enhanced as research is done not only on gender but also on its relationship to power, control, and hierarchy in the process of supervision.

Methodology of the Study

This study was carried out to determine the perceived influence of gender differences and gender similarities on the supervisory process. The major research question is how gender composition of the supervisory dyad is related to different qualities of the supervisory relationship.

The method for determining these effects was the development of an organic instrument (Alderfer and Brown, 1982) called Supervision Inventory for Family Therapists - SIFFT. Items for the instrument were developed from the literature and from statements made in papers written by students in a supervision course. The students were asked to write about experiences with supervisors giving particular attention to the gender aspects of supervision. These two sources contributed to the development of the 84 item body of SIFFT. One of the two open-ended questions was aimed at determining both supervisor and supervisee behavior in the relationship, while the other was aimed at determining respondents' definitions of femininity and its analogue. These items will be analyzed at a later time.

Data were collected from 101 subjects who were currently the supervisees in a supervisory relationship. Approximately 200 instruments were distributed in a variety of ways from the researcher taking the instrument to the subjects and waiting for its completion to sending the instrument to a facility by mail and waiting for returns. The highest return rate occurred when the researcher was present for the administration of the instrument.

Respondents represented themselves as family therapists more than any other discipline. There were more than twice as many women respondents as there were men. There were only slightly more women supervisors than there were men. Most respondents and their supervisors identified with the structural model of family therapy.

The statistical analysis of the data began with a factor analysis of the entire sample with the ultimate goal of forming scales from the items. This procedure resulted in the identification of three factors which became the scales used to measure data derived from the SIFFT. The central analysis for determining whether the supervisees experienced different qualities, depending on gender, in their supervisory relationship was a two-way analysis of variance. The gender of the supervisor and the supervisee were the independent variables and the SIFFT items were the dependent variables. Significant findings were reported.

Findings

A varimax rotation with Kaiser normalization yielded three factors which became the scales used in the analyses. Scale 1 had 34 items with a reliability coefficient of .96; Scale 2 consisted of 18 items with a reliability coefficient of .93; and Scale 3 had 6 items with a reliability coefficient of .70. The first scale, "Restrictive Relationship", contains items that were, in the original SIFFT development, placed in the category of "Autonomy and Relationship," while items in the second scale, "Supervisor not in Charge," can be found in the original category of "Power." Items in Scale 3, "Intimacy Tensions", come largely from the original category of "Intimacy and Friendship". Items from other categories are also included, but the early aspects of gender are clearly evident in the scales produced by the factor analysis.

An analysis of variance with the gender of the supervisor and the gender of the supervisee as independent variables and the patterns of mean differences among the four supervisor-supervisee pairs as the dependent variable was done for each of the three scales. The major statistically significant finding was in Scale 2 - "Supervisor Not in Charge". When the supervisor is a male, there was more question about who was in charge of supervision than when the supervisor was a woman.

Several authors (Goldner, 1985; Miller, 1976; Pleck, 1981; Rich, 1984) have asserted that women have more power in

relation to men than women actually think they have. Some contend that this arises from men's fear of women. This finding seems to support an uncertainty about power in the cross-gender relationship. Pittman (1985) says that women give power to men and that they need to empower themselves. This finding suggests that there is at least a questioning among these supervisees of that power dynamic between men and women.

On the other hand, Tiger (1969) states that as a way of dealing with this fear, men bond together to exclude women. This finding supports a similar uncertainty about who is in charge when both supervisor and supervisee are male. This may reflect the power struggle that is assumed to exist in male same gender relationships.

Another possible explanation for this difference is the developmental stage of male supervisors in the mental health professions. Men in this field tend to be more affective than men in private sector organizations. These male supervisors may be trying, both by their inherent nature and by their learning, to behave differently in relation to power than the stereotypical male. Therefore, they exhibit more uncertainty in the way they deal with power than would be expected in light of the literature relating to men and power. This idea came about in the context of discussion with Dr. Jay Carey and it seems to fit with the overall systemic pattern of the work in that I, as a woman, did not

think of this. A male perspective was needed for me to see this possible explanation.

When the supervisor is a woman, there is more certainty about who is in charge of supervision. This is especially interesting in the work of the family therapists, which is the stated professional identity of half of the respondents, as mothers play a central role in the family. Family therapists see themselves as having to work closely with mothers whether she is a single parent or part of an intact couple. In either case, the woman is most frequently seen to be in control of the family. Often the acknowledgement of the mothers' control is at the unconscious level and relates to experiences in the therapists' families of origin. Rachel Hare-Mustin (1987) says, "It has been suggested that those who fear mothers become family therapists so they can control mothers" (p. 18). While both men and women may succeed in controlling mothers in the families they treat, they appear to succumb, in supervision by a woman, to their recognition of the symbolic mother in charge.

A second phenomena, which was not a statistically significant finding, but reported because of the high internal reliability, was found in Scale 1, "Restrictive Relationship." The most restrictive relationships, which includes difficulty expressing and discussing feelings, exists in both cross gender pairings. This restriction in cross gender relationships is supported by some of the literature. Chodorow (1978) notes the importance for a man

to establish gender identity by separating from his mother. For a women, the connectedness and relationship to her mother are important for the development of her gender identity. The autonomy needs of a man and the relationships needs of a woman may influence the amount of restrictiveness in cross gender supervisory relationship. Further research with a larger overall sample and more male respondents may strengthen the statistical significance of this scale. There were expected outcomes that did not appear in these analyses of the data. Differences in the interactions between same gender supervisory pairs and different gender supervisory pairs on each of the three dimensions was an expectation, but did not occur. Uneven sample size may be one explanation for the absence of this finding. Another expectation was that "Intimacy Tensions" would show strong statistical outcomes. It did not. In this case, the small number items in that scale is a possible explanation for the lack of statistical significant findings as are the sexual taboos which prevent responses to these items. The major finding of "Supervisor Not in Charge" was unexpected.

Systemic Aspects of the Project

The most obvious systemic aspect in relation to the research is that the researcher is a woman and her role needs consideration in light of the findings.

As a woman, I am asking both women and men to respond to SIFFT. This is evident as my name and signature is on every copy of the instrument. In a sense, the supervisory

relationship, with its natural hierarchy and gender constellation, is recreated in the research.

If the significant finding holds true, one might expect that respondents viewed the researcher as in charge of the project. Those who chose to respond did so in the manner in which they would respond to a woman in the hierarchy. Those who did not respond also give a message about a woman in charge. A gender breakdown of the response rate, were it possible, might more clearly inform the nature of the message. Since the response rate was about 50%, this is an ambiguous message. In either case, this was an uncontrollable aspect of this research.

Gender research is usually carried out by women largely because it is women who believe changes in gender arrangements are necessary. In this research, I am a woman doing gender research and am trying to do it with an empirical model. Davis (1985) states that it is only when women researchers speak in male voices that they are heard. This project is my attempt to be heard.

Future Research

There are two directions in which future research based on this project can go. One direction is working with the existing, unanalyzed data. The other direction is to develop new kinds of studies which use the SIFFT as a method of data collection.

Unanalyzed Data

Males are underrepresented in this sample and, to have more powerful statistical tests, the number of male respondents needs to be increased. There are only 29 male supervisees, 43 fewer than women supervisees and there are 47 male supervisors, only seven less than female supervisors. By far, the smallest group of respondents are male supervisees. While the number of male trainees in the field seems to be smaller than that of women, there exists nearly as many men as women in the supervisory ranks. Munson (1987) notes the high number of men that move into supervisory positions even though there are fewer men than women who initially come into family therapy. Therefore, there needs to be a greater effort to find male supervisees than to find female supervisees simply due to numbers. Finding male supervisors, however, is not so difficult.

Part I of SIFFT first asks for the respondent to write five adjectives or phrases which describe that person's behavior toward the supervisor. The second questions asks the respondent to write five adjectives or phrases which describe the supervisor's behavior toward that person. Coding for these data can be developed and the results related to the three scales. One might predict that these responses are gender related and differ depending on the gender of the respondent. Another prediction is that the gender of the supervisor influences the kinds of behavior described. The interrelatedness of these differences based

on gender can be analyzed. The nature of these differences is there to be determined.

Part III of SIFFT asks first for each respondent's view of feminism. The second question asks for the male analogue of feminism and the characteristics that describe that condition. These data have not been analyzed for inclusion in this phase of the study. A method of coding these open ended respondents can be developed and the results related to the three scales. Subjects with different perceptions of feminism and its male analogue are likely to respond differently to the three scales. Another kind of analysis is to determine how women define feminism and its male analogue differently than do men. Finding the differences in the definitions based on female and male perspectives may lead to further investigation of gender relationships. The nature of the differences in definition based on gender would provide more information that can be related to the supervisory relationship.

Another type of analysis that can be performed on the data is a three way analysis of variance using the supervisory model, the gender of the supervisor and the gender of the supervisee. Any of the other variables could be used in place of the supervisory model. These would be applied to all three scales. In order to do a three way ANOVA, a larger total sample is necessary.

A one way analysis of variance, using the scales as the dependent variable, can also be performed. Using the four

supervisory groups, an overall F test can be computed and then pairwise comparisons can be made. This one way ANOVA would be repeated for each of the three scales.

A multiple discriminant analysis to determine which combinations of the three scales discriminate among the four supervisor-supervisee groups can also be performed on the data. This would entail using the four groups and comparing them two at a time.

The existing data are available for further analysis. In some cases, a larger sample is needed for the statistical tests to be more powerful. In other cases, the data are ready to be used to enhance the present analysis.

New Kinds of Studies

There are several new kinds of studies that can be developed using the SIFFT and its results as a foundation. Four ideas for innovative future studies will be presented. They are studying supervisors as well as supervisees, doing behavioral observations of supervisory pairs, interviewing supervisors and supervisees, and moving the research into non-mental health settings. Thoughts about other future work will conclude this section.

This study looks at gender only from the supervisees' points of view. An additional study which could stand on its own or be combined with this one would be directed towards supervisors. An organic instrument, beginning with interviews of supervisors, could be designed to study the gender effects of the supervisory relationship as seen by the

supervisors. Methodology would be carried out in the same way as it was for this study. Scales could be developed from the supervisors' responses in the same way as they were developed from the supervisees' responses. A set of scales would then be available for supervisors and for supervisees. A new aspect of data collection might be to give the instrument in pairs where the supervisor and supervisee are in a supervisory relationship with each other. Each could be asked to complete the instrument and analyses of the pair responses would be carried out. It is likely that supervisor responses would differ from supervisee responses.

Another aspect of this study that could be developed is the behavioral observations of supervisory relationships using the SIFFT scales or any new scales developed from a supervisor study. Supervisory pairs could be asked to videotape their work or live observation could be set up using the one-way mirror. A method for coding the behavior of each member of the pair would need to be devised. This coding could be related to the SIFFT scales. Statistical analyses of the coding could be carried out. These analyses might validate the existing data as well as produce new data. An hypothesis for the results of this behavior observation might be that supervisor behavior predicts supervisee behavior and that supervisee behavior predicts supervisor behavior in the area of gender. A qualitative research project could be designed to determine, through interviews, more about the nature of the supervisory relationship. This

study would deal with both supervisor and supervisee. Through the development of a relationship with the interviewer, each person may provide more in depth information in relation to the SIFFT scales. It is possible that responses to Scale 3 would be more accessible through the interview method. Attention to Scale 2 would afford a greater understanding of the major finding rather than speculation on the researcher's part. Elaboration of the data from Scale 2 might provide a challenge to the present view of men in supervisory positions.

A use of this research in other professional fields is also possible. Certainly, it can be used for other than the supervision of family therapists. It is applicable to other areas of mental health such as counselling and social work. However, a really innovative research project would be to move this study of the effects of gender on supervision to the non-mental health arena. The model could be used in business or government organizations. The organic model (Alderfer and Brown, 1982) would be used. Interviews, both group and individual, could be conducted in order to develop items for the new instrument. Obviously, it would no longer be the SIFFT, but newly named. These scales could be used as well as others that might arise from the analyses. Comparisons might be made between therapeutic and non-therapeutic supervisors. There is an expectation that differences would exist between these two areas. One hypothesis is that the responses from those in the

therapeutic areas would be more feeling oriented than those in the non-therapeutic, business areas. A significant difference might be discovered in the "Supervisor Not in Charge" scale if the data were collected in a business setting where supervisors, particularly men, may be less aware of changing power dynamics in relationships. Gender is an equally important aspect of supervision in the delivery of products as it is in the delivery of human services.

The SIFFT measures three dimensions of the supervisory relationship. This kind of measurement is not duplicated by any presently existing instrument. Future work includes not only research, but clinical usefulness of the instrument.

The SIFFT itself may have usefulness in supervision, not only for research but as a part of the process. If a supervisor and supervisee responded to instruments designed for their respective roles, they could learn how each is reacting to the supervision. Feedback could be two-way, both from the supervisee to the supervisor and from the supervisor to the supervisee, on an item by item basis. The interaction alone would effect the supervisory process.

Another kind of study, based on the major finding, might be to determine differences in the amount of control a supervisor feels as dependent on the model of supervision used. An organic instrument based on the items in Scale 2 of the SIFFT could be designed to carry out this research. An outcome might be that control in supervision is more dependent on choice of model than on gender.

Replication studies are needed to validate the outcome and the usefulness of the research. The analyses in progress and replication studies will provide more information about the effects of gender on supervision.

Final Thoughts

This research project began with an observation that females and males tended to behave differently toward each other in supervision groups. It also seemed that their behavior had an effect on the way women and men were viewed in the family by the supervisory group behind the one-way mirror. It seemed as if a qualitative, observational study might be a way to determine these effects. A review of the literature made it obvious to me that few empirical studies had been done in the area of gender and supervision. Therefore, it seemed appropriate and necessary to undertake this kind of research.

Developing the instrument proved to be a long process with few guidelines in the literature of family therapy. However, the literature of organizational behavior indicated a direction in the methodology for developing the organic questionnaire. This allowed me to talk with students and read their papers, a qualitative component, which I had hoped to do in the beginning. The data collection and statistical analyses were new ground and provided opportunities for my learning, both about the process and the content of the work.

The major finding is surprising in light of the literature. The reliability of Scale 1 is encouraging and a

larger sample may yield a statistically significant finding on that scale. The reliability of Scale 2 is also encouraging and the major finding, which relates to that scale, is surprising in light of the literature. Scale 3 also has a relatively high reliability. In all three scales, a larger sample will produce more powerful statistical tests and, in Scales 1 and 3, it may produce statistically significant findings.

From this work, I have come to believe that the effects of gender are underrated in most relationships, but especially so when hierarchy is an explicit dimension of the relationship. As a woman doing this work, I am aware that my gender has an effect on the collection of the data and have not found a way to factor out that variable except to keep it in the foreground of discussion. I believe that the dimensions of gender effects on supervisory relationships and on the clients of therapists are so complex that one study can only begin to scratch the surface.

I recommend that there be more studies focused on gender and supervision so that we can train our future therapists more fully, understand our supervision more completely and treat our clients more ethically.

APPENDICES

APPENDIX A

PRELIMINARY GROUPS OF ITEMS FOR THE SUPERVISION INVENTORY FOR FAMILY THERAPY (SIFFT)

Statements are grouped and paired under the six categories with which each is identified. The first is a general category: the next five come from the literature review and the pre-study done by the class. The numbers following each of the statements correspond with the item placement on the SIFFT.

GENERAL ITEMS

OVERALL EVALUATION

- This is a good supervisory experience. (1)
- This is a bad supervisory experience. (14)
- I consider this supervisor to be a poor model of sound professional competence. (34)
- I consider this supervisor to be an excellent model of sound professional competence. (7)

DEVELOPMENT AND SOCIALIZATION ITEMS

ABILITY TO SHOW CONNECTEDNESS OR SEPARATION

- I feel that it is necessary to restrict my behavior in the presence of my supervisor. (24)
- I feel that I can show my full range of behavior in the presence of my supervisor. (35)

PROTECTION AS CONNECTED OR SEPARATED

- My supervisor seems protective toward me. (8)
- My supervisor allows me to be vulnerable. (65)

DEPENDENCE VERSUS SEPARATION

- The relationship with my supervisor gives me a sense of dependence as a therapist. (56)
- The relationship with my supervisor enhances my sense of autonomy as a therapist. (45)

CONNECTEDNESS AND CORRECTNESS

- To be uncertain with my supervisor about therapeutic interventions is traumatic for me. (70)
- I feel able to discuss troublesome therapeutic interventions with my supervisor. (55)

PRESERVE PLACE IN PATRIARCHY

- My supervisor seems more at ease when I ask questions than when I make statements. (2)
- My supervisor seems more at ease when I make statements than when I ask questions. (13)

PLACE IN MALE-DOMINATED HIERARCHY

- My supervisor seems connected to the upper levels of the profession. (19)
- My supervisor seems peripheral to the upper levels of the profession. (80)

CONNECTEDNESS TO LOWER LEVELS

- My supervisor values contact with supervisees. (29)
- My supervisor seems indifferent to contact with supervisees. (77)

AUTONOMY AND RELATIONSHIP ITEMS

TYPE OF PROCESS IN RELATIONSHIP

- My supervisor is very direct with me. (3)
- My supervisor gives me indirect messages. (46)

COMMUNICATION EMBEDDED IN CONNECTEDNESS OR AUTONOMY

- I have difficulty hearing my supervisor's comments. (66)
- I pay close attention to my supervisor's comments. (71)

TASK VERSUS PROCESS

- My supervisor spends more time talking about our relationship than discussing interventions with the client. (83)
- My supervisor spends more time discussing interventions with the client than talking about our relationship. (61)

STANDARDS VERSUS RELATIONSHIP IN JUDGEMENT

- My supervisor tends to give harsh criticism during supervision. (36)
- My supervisor tends to give me gentle criticism during supervision. (15)

ANXIETY OR COMFORT IN RELATIONSHIP

- I feel comfortable in the supervisory relationship. (51)
- I feel anxious in this relationship. (78)

QUALITY OF JUDGEMENT

- I feel comfortable in this supervisory relationship. (9)
- I feel inept in this supervisory relationship. (30)

CLIMATE OF RELATIONSHIP

- My supervisor is humane and caring. (41)
- My supervisor is cold and distant. (20)

RELATIONAL QUALITY

- My supervisor criticizes me based on a reasonably well defined set of standards. (25)
- My supervisor criticizes mainly in terms of relationship qualities. (82)

POWER ITEMS

DOMINATION VERSUS ACCEPTANCE OF POWER

- For the most part, I am obedient to my supervisor. (31)
- By and large, I am rebellious to my supervisor. (4)

PEERSHIP

- I experience a sharing of power with my supervisor. (37)
- I experience a power struggle with my supervisor. (72)

AUTHORITY OF MALE OR FEMALE

- I have trouble taking the authority of my supervisor seriously. (52)
- I take the authority of my supervisor seriously. (84)

SUPERVISOR GIVES UP POWER

- My supervisor seems to be the more powerful of the two of us. (21)
- I sometimes feel more powerful than my supervisor. (26)

SUPERVISOR IN CHARGE

- There is little doubt that my supervisor is in charge of supervision. (79)
- Often I am concerned whether my supervisor or me is in charge of the supervision. (42)

SUPERVISEE'S FEAR OF SUPERVISOR

- There are times when my supervisor seems afraid of me. (10)
- My supervisor seems consistently at ease with me. (57)

INSIGHT TO SUPERVISOR

- I feel more powerful when I am able to give my supervisor some new insight about a client. (50)
- I have no particular need to give my supervisor new insight about my clients. (62)

PRESERVING SUPERVISOR'S POWER

- I do things to make my supervisor feel secure. (16)
- My supervisor can tolerate discomfort in the service of my learning. (47)

GENDER ROLE ITEMS

USE OF GENDER AWARENESS

- My supervisor helps me to increase my gender awareness. (27)
- My supervisor pays little attention to gender issues. (68)

NURTURANCE

- My supervisor seems to nurture me. (17)
- My supervisor seems to neglect me. (32)

PERSONAL ISSUES

- My supervisor discusses personal concerns and opinions. (73)
- My supervisor withholds personal concerns and opinions. (38)

VERBAL QUALITIES

- My supervisor talks more than I expected. (76)
- My supervisor talks less than I expected. (63)

PERSONAL HURT

- At times, I think my supervisor is hurt or offended by things I say. (48)
- My sueprvisor is largely unaffected by things I say. (43)

FIRMNESS OF VIEWS

- My supervisor avoids taking a stand on issues that I present. (22)
- My supervisor is firm about issues that I present. (5)

COMPETITION

- Sometimes supervision feels like a contest. (58)
- By and large, my supervision is a cooperative relationship. (53)

ACHIEVEMENT ORIENTATION

- My professional achievement are very important to my supervisor. (60)
- My supervisor seems to be largely indifferent to my professional achievements. (40)

EXPRESSIVENESS

- My supervisor expresses feelings toward me. (11)
- My supervisor withholds feelings from me. (75)

INTIMACY AND FRIENDSHIP ITEMS

SEXUAL AND ATTRACTION ISSUES WITH CLIENTS

- In this relationship, it is difficult for me to express my positive feelings (caring, attraction, excitement) about clients. (28)
- In this relationship, I can express my positive feelings (caring, attraction, excitement) about clients with relative ease. (49)

SEXUAL AND ATTRACTION ISSUES WITH SUPERVISOR

- In this relationship, it is difficult fo me to express my positive feelings (caring, attraction, excitement) about my supervisor. (6)
- In this relationship, I can express my positive feelings (caring, attraction, excitement) about my supervisor with relative ease. (23)

NEGATIVE FEELINGS TOWARD CLIENTS

- In this relationship, I can express my disturbing feelings (fear, anger, nervousness) about clients with relative ease. (67)
- In this relationship, it is difficult for me to express my disturbing feelings (fear, anger, nervousness) about clients. (18)

NEGATIVE FEELINGS TOWARD SUPERVISOR

- In this relationship, I can express my disturbing feelings (fear, anger, nervousness) about my supervisor with relative ease. (67)
- In this relationship, it is difficult for me to express my disturbing feelings (fear, anger, nervousness) about my supervisor. (18)

PERSONAL RELATIONSHIPS

- I think I have a close personal relationship with my supervisor. (69)
- My supervisor and I are personally distant. (64)

SEXUAL ISSUES

- I am concerned about sexual advances from my supervisor. (54)
- I have a good sense of sexual boundaries with my supervisor. (59).

ATTRACTION BETWEEN TRAINEES

- I am able to talk to my supervisor about attractions I feel about supervisees who are my peers. (39)
- It is difficult to discuss with my supervisor the attractions I feel toward supervisees who are my peers.

CAMARADERIE

- I think of my supervisor as essentially a peer. (44)
- I consider my supervisor to be outside my peer group. (81)

SUPERVISION INVENTORY FOR FAMILY THERAPY (SIFFT)

**Charleen Alderfer
Doctoral Candidate
The School of Education
University of Massachusetts
Amherst, MA
1989**

INFORMED CONSENT LETTER FOR SIFFT

Charleen Alderfer - Researcher
14 Ann Drive
Bethany, CT 06525
(203) 393-3958

This is a *Supervision Inventory for Family Therapy* (SIFFT) designed to elicit information about your present supervisory experience. The first section consists of two open-ended questions which ask you to think about the nature of the behavior of both you and your supervisor in the relationship. The second section requires more structured responses based on a numbered scale. The third section is another set of open-ended questions that require the writing of short paragraphs. The fourth section asks for some information about yourself.

These data will be used to complete a doctoral dissertation in the School of Education at the University of Massachusetts. All responses will be confidential and the results will be reported by groups only. **Return this form separately from the completed instrument. There is no way that your identity can be connected to your responses. The subject number is for the purpose of counting returns and has no association with names of identities of individuals.** Your participation should be entirely voluntary and you may withdraw from participation at any time during the project.

Participation in this research offers you an opportunity to think more fully about the supervisory relationship in which you are presently involved. I hope this experience will allow you to consider both the positive and negative aspects of that relationship. Overall, the instrument can let you become more aware of various aspects of your supervision.

Please read the above and if you understand and agree to the research conditions, sign your name on the line provided. These will be collected and kept separately from your returned SIFFT.

Your time and participation are greatly appreciated.

Print your name

Date

Your signature

Researcher's signature

REPORT OF RESULTS

Please include your name and address if you wish to receive the results of the study.

Name_____

Address_____

City, State, Zip_____

If you do not wish to be identified above and still wish to receive the results of the study, please write to me at the following address:

Charleen Alderfer
14 Ann Drive
Bethany, CT 06525

Again, thank-you for your participation.

SUPERVISION INVENTORY FOR FAMILY THERAPY - (SIFFT)**PART I**

The questions in this section ask you to reflect upon your behavior and your supervisor's behavior in this present supervisory relationship. Answer each to the best of your knowledge.

1. Please write five adjectives or phrases that describe your supervisor's behavior in relation to you.

2. Please write five adjectives or phrases that describe your behavior in relation to your supervisor.

SUPERVISION INVENTORY FOR FAMILY THERAPY - (SIFFT)

PART II

Respond to the following statements by reflecting on your experience as a supervisee. Using the scale at the top of each page, respond with the number that is closest to your reaction to the statement. Please refer to your present supervisor for all of the statements. Answer each one frankly and honestly and to the best of your knowledge.

Strongly Agree	Agree	Mildly Agree	Mildly Disagree	Disagree	Strongly Disagree
1	2	3	4	5	6

1. _____ This is a good supervisory experience.
2. _____ My supervisor seems more at ease when I ask questions than when I make statements.
3. _____ My supervisor is very direct with me.
4. _____ By and large, I am rebellious to my supervisor.
5. _____ My supervisor is firm about the issues that I present.
6. _____ In this relationship, it is difficult for me to express my positive feelings (caring, attraction, excitement) about my supervisor.
7. _____ I consider this supervisor to be an excellent model of sound professional competence.
8. _____ My supervisor seems protective toward me.
9. _____ I feel competent in this supervisory relationship.

SUPERVISION INVENTORY FOR FAMILY THERAPY - (SIFFT)

Strongly Agree 1	Agree 2	Mildly Agree 3	Mildly Disagree 4	Disagree 5	Strongly Disagree 6
------------------------	------------	----------------------	-------------------------	---------------	---------------------------

10. _____ There are times when my supervisor seems afraid of me.
11. _____ My supervisor expresses feelings toward me.
12. _____ In this relationship, it is difficult for me to express disturbing feelings (fear, anger, nervousness) about my supervisor.
13. _____ My supervisor seems more at ease when I make statements than when I ask questions.
14. _____ This is a bad supervisory experience.
15. _____ My supervisor tends to give me gentle criticism during supervision.
16. _____ I do things to make my supervisor feel secure.
17. _____ My supervisor seems to nurture me.
18. _____ In this relationship, it is difficult for me to express my disturbing feelings (fear, anger, nervousness) about clients.
19. _____ My supervisor seems connected to the upper levels of the profession.
20. _____ My supervisor is cold and distant.
21. _____ My supervisor seems to be the more powerful of the two of us.
22. _____ My supervisor avoids taking a stand on the issues I present.
23. _____ In this relationship, I can express my positive feelings (caring, attraction, excitement) about my supervisor with relative ease.
24. _____ I feel that it is necessary to restrict my behavior in the presence of my supervisor.

SUPERVISION INVENTORY FOR FAMILY THERAPY - (SIFFT)

Strongly Agree 1	Agree 2	Mildly Agree 3	Mildly Disagree 4	Disagree 5	Strongly Disagree 6
------------------------	------------	----------------------	-------------------------	---------------	---------------------------

25. _____ My supervisor criticizes me based on a reasonably well defined set of standards.
26. _____ I sometimes feel more powerful than my supervisor.
27. _____ My supervisor helps me to increase my gender awareness.
28. _____ In this relationship, it is difficult for me to express my positive feelings, (caring, attraction, excitement) about clients.
29. _____ My supervisor values contacts with supervisees.
30. _____ I feel inept in this supervisory relationship.
31. _____ For the most part, I am obedient to my supervisor.
32. _____ My supervisor seems to neglect me.
33. _____ In this relationship, I can express disturbing feelings (fear, anger, nervousness) about my supervisor with relative ease.
34. _____ I consider this supervisor to be a poor model of sound professional competence.
35. _____ I feel that I can show my full range of behavior in the presence of my supervisor.
36. _____ My supervisor tends to give me harsh criticism during supervision.
37. _____ I experience a sharing of power with my supervisor.
38. _____ My supervisor withholds personal concerns and opinions.
39. _____ I am able to talk to my supervisor about attractions I feel toward supervisees who are my peers.

SUPERVISION INVENTORY FOR FAMILY THERAPY - (SIFFT)

Strongly
Agree
1

Agree
2

Mildly
Agree
3

Mildly
Disagree
4

Disagree
5

Strongly
Disagree
6

40. _____ My supervisor seems largely indifferent to my professional achievements.
41. _____ My supervisor is humane and caring.
42. _____ Often I am uncertain whether my supervisor or me is in charge of supervision.
43. _____ My supervisor is largely unaffected by the things I say.
44. _____ I think of my supervisor as essentially a peer.
45. _____ The relationship with my supervisor enhances my sense of autonomy as a therapist.
46. _____ My supervisor gives me indirect messages.
47. _____ My supervisor can tolerate discomfort in the service of my learning.
48. _____ At times, I think my supervisor is hurt or offended by things I say.
49. _____ In this relationship, I can express my positive feelings (caring, attraction, excitement) about clients with relative ease.
50. _____ I feel more powerful when I am able to give my supervisor some insight about a client.
51. _____ I feel comfortable in the supervisory relationship.
52. _____ I have trouble taking the authority of my supervisor seriously.
53. _____ By and large, my supervision is a cooperative relationship.
54. _____ I am concerned about sexual advances from my supervisor.

SUPERVISION INVENTORY FOR FAMILY THERAPY - (SIFFT)

Strongly Agree 1	Agree 2	Mildly Agree 3	Mildly Disagree 4	Disagree 5	Strongly Disagree 6
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55. _____ I feel able to discuss troublesome therapeutic interventions with my supervisor.
56. _____ The relationship with my supervisor gives me a sense of dependence as a therapist.
57. _____ My supervisor seems consistently at ease with me.
58. _____ Sometimes supervision feels like a contest.
59. _____ I have a good sense of sexual boundaries with my supervisor.
60. _____ My professional achievements are very important to my supervisor.
61. _____ My supervisor spends more time discussing interventions for the client than talking about our relationship.
62. _____ I have no particular need to give my supervisor insight about my clients.
63. _____ My supervisor talks less than I expected.
64. _____ My supervisor and I are personally distant.
65. _____ My supervisor allows me to be vulnerable.
66. _____ I have difficulty hearing my supervisor's comments.
67. _____ In this relationship, I can express my disturbing feelings (fear, anger, nervousness) about clients with relative ease.
68. _____ My supervisor pays little attention to gender issues.
69. _____ I think I have a close personal relationship with my supervisor.

SUPERVISION INVENTORY FOR FAMILY THERAPY - (SIFFT)

Strongly Agree 1	Agree 2	Mildly Agree 3	Mildly Disagree 4	Disagree 5	Strongly Disagree 6
------------------------	------------	----------------------	-------------------------	---------------	---------------------------

- 70._____ To be uncertain with my supervisor about therapeutic interventions is traumatic for me.
- 71._____ I pay close attention to my supervisor's comments.
- 72._____ I experience a power struggle with my supervisor.
- 73._____ My supervisor discusses personal concerns and opinions.
- 74._____ It is difficult to discuss with my supervisor the attractions I feel toward supervisees who are my peers.
- 75._____ My supervisor withholds feelings from me.
- 76._____ My supervisor talks more than I expected.
- 77._____ My supervisor seems indifferent to contact with supervisees.
- 78._____ I feel anxious in this relationship.
- 79._____ There is little doubt that my supervisor is in charge of supervision.
- 80._____ My supervisor seems peripheral to the upper levels of the profession.
- 81._____ I consider my supervisor to be outside my peer group.
- 82._____ My supervisor criticizes me mainly in terms of relationship qualities.
- 83._____ My supervisor spends more time talking about our relationship than discussing interventions for the clients.
- 84._____ I take the authority of my supervisor seriously.

SUPERVISION INVENTORY FOR FAMILY THERAPY - (SIFFT)

PART III

1. Write a paragraph describing your view of feminism.
2. What word or words would you use to name the male analogue of feminism? What characteristics would you use to describe that condition?

SUPERVISION INVENTORY FOR FAMILY THERAPY - (SIFFT)

PART IV

PLEASE ANSWER THE FOLLOWING:

Indicate your gender: Female _____ Male _____

Indicate your supervisor's gender: Female _____ Male _____

Age: _____

Number of years in training: _____

Number of years in clinical supervision: _____

Type of present supervision: Group _____ Individual _____

CHECK ONLY THE RESPONSE THAT BEST APPLIES TO YOU.

How do you identify yourself professionally?

Family Therapist _____	Social Worker _____
Psychiatric Nurse _____	Psychologist _____
Pastoral Counselor _____	School Counselor _____
Other _____	

With which model of Family Therapy do you most identify?

Structural _____
Strategic _____
Systemic _____
Family of Origin _____
Other _____

With which model of Family Therapy does your supervisor most identify?

Structural _____
Strategic _____
Systemic _____
Family of Origin _____
Other _____

APPENDIX C

FACTOR LOADINGS FROM THE PRINCIPLE COMPONENTS OF THE VARIMAX ROTATION WITH KAISER NORMALIZATION

"Restrictive Relationship"

Var	Item	Factor		
		1	2	3
6N	-In this relationship, it is difficult for me to express my positive feelings (caring, attraction, excitement) about my supervisor.	.755	.156	-.159
9	-I feel competent in this supervisory relationship.	-.749	.069	-.271
11	-My supervisor expresses feelings towards me.	-.487	-.316	.350
12N	-In this relationship, it is difficult to express disturbing feelings (fear, anger, nervousness) about my supervisor.	.419	.126	.186
17	-My supervisor seems to nurture me.	-.541	-.157	-.096
18N	-In this relationship, it is difficult to express my disturbing feelings (fear, anger, nervousness) about clients.	.693	-.008	.214
20N	-My supervisor is cold and distant.	.679	.090	.019
23	-In this relationship, I can express my positive feelings (caring, attraction excitement) about my supervisor with relative ease.	-.760	-.028	.158
24N	-I feel it is necessary to restrict my behavior in the presence of my supervisor.	.720	.008	.095
28N	-In this relationship, it is difficult to express my positive feelings (caring, attraction, excitement) about clients.	.684	-.026	-.039
29	-My supervisor values contact with supervisees.	-.571	-.406	.182
30N	-I feel inept in this supervisory relationship.	.750	.018	.297
33	-In this relationship, I can express my disturbing feelings (fear, anger,			

"Restrictive Relationship"

Var	Item	Factor		
	nervousness) about my supervisor with relative ease.	-.620	-.138	-.091
35	-I feel I can show my full range of behavior in the presence of my supervisor.	-.683	-.003	.030
36N	-My supervisor tends to give me harsh criticism during supervision.	.678	.328	.202
37	-I experience a sharing of power with my supervisor.	-.626	.309	.026
39	-I am able to talk to my supervisor about attractions I feel toward supervisees who are my peers.	-.536	-.136	.220
40N	-My supervisor seems largely indifferent to my professional achievements.	.557	.358	.114
41	-My supervisor is humane and caring.	-.757	-.044	-.050
45	-The relationship with my supervisor enhances my sense of autonomy as a therapist.	-.722	-.086	-.151
47	-My supervisor can tolerate discomfort in the service of my learning.	-.418	-.256	-.344
49	-In this relationship, I can express my positive feelings (caring, attraction, excitement) about clients with relative ease.	-.693	.089	.032
51	-I feel comfortable in this supervisory relationship.	-.711	-.207	-.257
55	-I feel able to discuss troublesome therapeutic interventions with my supervisor.	-.505	.017	-.096
57	-My supervisor seems consistently at ease with me.	-.582	-.179	-.270
58N	-Sometimes supervision seems like a contest.	.494	.032	.391
60	-My professional achievements are very important to my supervisor.	-.465	-.316	.065

"Restrictive Relationship"

Var	Item	Factor		
64N	-My supervisor and I are personally distant.	.707	-.060	-.135
66N	-I have difficulty hearing my supervisor's comments.	.522	.190	-.187
67	-In this relationship, I can express my disturbing (fear, anger, nervousness) about clients with relative ease.	-.736	-.041	-.157
69	-I think I have a close personal relationship with my supervisor.	-.693	.024	.291
72N	-I experience a power struggle with my supervisor.	.562	.211	.393
77N	-My supervisor seems indifferent to contact with supervisees.	.567	.359	.086
78N	-I feel anxious in this relationship.	.622	-.227	.275

"Supervisor Not In Charge"

Var	Item	Factor		
		1	2	3
1	-This is a good supervisory experience.	-.363	-.600	-.083
3	-My supervisor is very direct with me.	-.205	-.532	-.050
5	-My supervisor is firm about the issues I present.	.028	-.618	.212
7	-I consider this supervisor to be an excellent model of sound professional competence.	-.390	-.586	-.159
10N	-There are times when my supervisor seems afraid of me.	.079	.631	.273
14N	-This is a bad supervisory experience.	.396	.530	.142
21	-My supervisor seems to be the more powerful of the two of us.	.321	-.618	.120
22N	-My supervisor avoids taking a stand on the issues I present.	.117	.601	-.129

"Supervisor Not In Charge"

Var	Item	Factor		
26N	-I sometimes feel more powerful than my supervisor.	-.250	.713	.057
32N	-My supervisor seems to neglect me.	.383	.403	.183
34N	-I consider this supervisor to be a poor model of sound professional competence.	.434	.503	.170
42N	-Often I am uncertain whether my supervisor or me is in charge of supervision.	-.150	.837	.115
44N	-I think of my supervisor as essentially a peer.	-.321	.631	.020
52N	-I have trouble taking the authority of my supervisor seriously.	.413	.619	.144
71	-I pay close attention to my supervisor's comments.	-.197	.520	.031
79	-There is little doubt that my supervisor is in charge of supervision.	.137	-.764	-.096
80N	-My supervisor seems peripheral to the upper levels of the profession.	.176	.488	.178
84	-I take the authority of my supervisor seriously.	.006	-.641	-.161

"Intimacy Tensions"

Var	Item	Factor		
		1	2	3
16N	-I do things to make my supervisor feel secure.	-.042	.091	.389
48N	-At times, I think my supervisor is hurt or offended by things I say.	.106	.362	.451
54N	-I am concerned about sexual advances from my supervisor.	.154	.077	.572
59	-I have a good sense of sexual boundaries with my supervisor.	-.031	-.049	-.619
82N	-My supervisor criticizes me mainly in terms of relationship qualities.	.224	-.035	.540

Var	"Intimacy Tensions" Item	Factor		
		1	2	3
83N	-My supervisor spends more time talking about our relationship than discussing interventions for clients.	-.040	-.033	.552
Eigenvalue		23.60	7.39	3.75
Pct. of Variance Acct. for		67.9	21.3	10.8
Cum. Pct.		67.9	89.2	100.
Number of Items		34	18	6
Modal Loading		.626	.601	.540

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